9709

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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urs after deoth. Poge 4

the State Board of Health prior to burial, cremation, or removal, and in any event, within, 72-hours ofter death

LOR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24, lined by the haspital or attending physicion.

RAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1

TO HOS	moy b	TO FUN	pode
VR TS	A1 M 9	5 5	9

1.	PLACE OF DEATH g. COUNTY		MADV	LAND 2.	USUAL RESIDEN			b. COUNTY		e before odr	nissian)
H	Mashingto	outside corporate limits, w			MATY]			shing		ive negrest to	own)
	RURAL and give ne	grest fown)		1	9			ilinis, wille h	ORAL ONO 9	11001021 11	,,
$\vdash$	d. NAME OF HOSPIT	AL (If not in hospital, give s	7 Yrs		d. STREET ADDI	ersto	D1W171			e. IS I	RESIDENCE
	OR INSTITUTION		the Aged	1		io 1.00	met	8 t		10	A FARM?
	NAME OF	First	Middle				PATE	-	aL.		
3.	DECEASED (Type or print)	MARY	FUSS	Al	IGLE LOST		OF.	Augus	t 2 :	1960	Year 19
5.	SEX		MARRIED NEVER MARRIE	ED 🔲 8. D.	ATE OF BIRTH		9. AC	GE (In years st birthday)		Days Hou	
_	Female	11	DOWED A DIVORCE	10	ne 13.	1863	3 6	7 7 yrs.		1100	· · · · · · · · · · · · · · · · · · ·
100	usual occupation during most of work	N (Give kind of work done ing life, even if retired)	10b. KIND OF BUSINESS O						12, CITI2		T COUNTRY?
	Housewif		Own Home	G:	reencas	tle	rank	lin C	0	USA	
13.	FATHER'S NAME			14	. MOTHER'S MA						
	John Fus	88				lo Red	cord				
15.	WAS DECEASED EVER	IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO			D - 2 2	7.7.00	Add		D2 2	
	No or unknown)		None	Geo:	rge F.	Rell	1127	Hami	Lton	BIAG	
Г	18. CAUSE OF DEA	TH [Enter only one couse ;	per line far (a), (b), and (c).	]	Hagers	town	Md.			INTERVAL	BETWEEN ND DEATH
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Maligner	104	- Abd	om (	nel			-	mo_,
	199	DUE TO	0								
	Conditions, if or										
	gave rise to in couse (a), stating t	nmediate Dus TO									
	lying cause last.	(c)									
S S	PART II. OTH	ER SIGNIFICANT CONDITIO	ONS CONTRIBUTING TO DE	ATH BUT NO	RELATED TO TH	ETERMINAL	DISEASE CON	NDITION GIV	EN IN PART	1(o) 19. W/	S AUTOPSY
CATION											□ NO 🕏
CERTIFI	200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING [] 206.  CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY O	CCURRED. (E	nter noture of in	ury in Port I	or Part II of	ilem 18-)			-10
MEDICAL	20c, TIME OF INJURY Hour a.m., p. m.	· V	Nod. INJURY OCCURRED  While Not while twork at work		OF INJURY (Hom street, affice blo		f. (City or to	own)	(C	ounty)	(Stole)
	21. I certify tha	t (1) (this haspital) at	tended the deceased	from Tu	2018	1960	to Av	9.2	196	9 that (i	) (we) last
		ed alive on Avc	2 196 3, ond	_				1			
	22a. SIGNATURE	, , ,	11							4	22b. DATE
	Duzo	a. Ho	non	M.D.	ATTENDING PHYS.	MED.		AFF IYS.		409.	- GO
	22c. PHYSICIANIS NAME (Type)	LA H	offman		22d. ADDRESS	2/4	N.	Dato.	m2c	st.	[ .
23	BURIAL, CREMATIO	N. 23b. DATE THEREOF	23c. NAME OF CEM	ETERY OR CR	EMATORY	V21d.	LOCATION	(City, town,	or county)	(5	tote)
	Burial	8/5/60	Rose will		eterv		gerst	-	a.sh	Co Ma	
24	FUNERAL DIRECTOR'S		ADDRESS			. REC'D BY			STRAR'S SIG	NATURE	
1	Andrew H	. Coffman	Hagerstown	Md.	D	HIG 5	'60	arthu	1 8. Km	ned 6	

43 637 CATA MENDERS CATA TANK N STADON CONT. ----AND READ STATE OF And Harry - American Light War and the state of the s The state of the s ALL OF ANOTHER PROPERTY AND ADDRESS TO LAKE TO The latest Tr. Contraction of the Contraction of th

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 pours after death. Page 4

1. PLACE OF DEATH	Tochdnoton	MARYLAND	a. STATE	here deceased lived. If institution: b. COUNTY	
	ashington		Maryla		vashington
RURAL and give	(If outside carporate limits, write nearest town)			outside carporate limits, write RURA	and give necies towns
Hagers		24 Hours	Hagersto	Wn	u
d. NAME OF HOSE OR INSTITUTION	PITAL (If not in haspital, give stre	et address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Garlock	Nursing Ho	me	26 Roessn	er Ave.	YES NO 🖍
3. NAME OF DECEASED (Type or print)	Clara	Ma.v	Baker	4. DATE Month OF DEATH August	Day Year 26 19 60
5. SEX		ARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF	UNDER 1 YEAR IF UNDER 24 HRS.
Female	White woo	WED DIVORCED	June 6,18	82 78 yrs. M	onths Doys Haurs Min.
100. USUAL OCCUPAT	NON (Give kind of work dane 10 prking life, even if retired)	B. KIND OF BUSINESS OR INC	OUSTRY 11. BIRTHPLACE (State	e ar fareign country)	12. CITIZEN OF WHAT COUNTRY?
House	wife	Own Home	Edgewoo	d Fred. Co. Md.	U.S.A.
3. FATHER'S NAME		The state of the s	14. MOTHER'S MAIDEN	NAME	
Noah Fr	ancklin		Catherin	e Warner	
		6. SOCIAL SECURITY NO. 17.	INFORMANT	Address	Hagerstown M
No [Yes, no. or unknown]	(If yes, give war or dotes of service)			r 26 Roessner	
18. CAUSE OF D	EATH [Enter only and couse pe	line for (o), (b), and (c).		~~~	INTERVAL BETWEEN
PART I. D	EATH WAS CAUSED BY:	roncho Pneumon	in		10 days
1 11	DUE TO		La		10 (12)
and the second second	1 2		7 D:		30
Canditions, if	immediate	<u>kypertensive Va</u>	SCULAR Disease		10 years
couse (a), statin	g the under-				
lying couse las	_ / / / /			- In the state of	
PART II. C	THER SIGNIFICANT CONDITION	is <u>contributing to death</u> b	UT NOT RELATED TO THE TERM	AINAL DISEASE CONDITION GIVEN	PERFORMED?
	WAS UNDERLYING TO 20b. D NG CAUSE OF DEATH FY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in	Part I or Part II of item 18.]	
ZOC. TIME OF INJ		. INJURY OCCURRED 20e.	PLACE OF INJURY (Hame, far		(Caunty) (State)
Hour o. m	10	ile Nat while	factory, street, office bldg., e	[C.]	
			Ψ .	of0 . 4	20/0 4-1/11/ -11
21. I certify t	hat (I) (this hospital) afte	ended the deceased tron	n.January	958 to August 26,	, IADO, that (I) (we) last
	ased alive an August	25, 1960 and that	death accurred atta	M, fram the causes and	an the date stated above
22a. SIGNATURE	Dr. GW.	Dittogs		MED. STAFF PHYS.	22b. DATE SIGNED
22c. PHYSICIAN'S		//	22d. ADDRESS		
NAME (Type	Dr. E. W. Dit	to. Jr.	Hage	rstown. Md.	
22. BUIDIAL CREATE	TION, 23b, DATE THEREOF	23c. NAME OF CEMETERY		23d. LOCATION (City, tawn, or o	county) (State)
REMOVAL (Speci	ful a			77	
Burial	0-29-60		Cemetery		aryland
24. FUNERAL DIRECTO	DR'S SIGNATURE	ADDRESS			AR'S SIGNATURE
Andrew 1	K.Coffman Ha	gerstown Ma:	rvland DATE &	UG 3 1 '60 Chath	of L Kings

1000 Lead the thirty of the same of the state of the s de garriero da contra With the court of the same of E. El Villege ... El AND THE PROPERTY OF STREET AND ADDRESS OF THE PARTY OF STREET  ofter death, Page 4 director, iled with Filed should puo Œ papers. physicion and corbon requires that the death certificate hours à burial-transit CTOR DIREC shauld m page

the registrar

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			lead of the County and
	ALES A		200
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50	, 1	Autor Wallend Sport III	The second second
	The state of the s		
	Design after		BANKEY BLAN
Manual States			
NAME AND POST OF THE PARTY AND PARTY.	ESTABLE SHIP AND	A PER LA COLUMN AND A PER	
A Company of the Comp			To a medical management of the last
Service Control			
	THE WHITE SEL	salara H	
		Darke This	
			Most fates   mater draft

MARYEAU STATE DEVALUATION

20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form,

POTOMAC

NAME OF

DECEASED

5. SEX

4:00 p.m.

ACTUAL

SIGNATURE

**EXAMINER'S** 

NAME (Type)

VS. A15ME(5) 5M 9/55

necessary, please exertor. Page 4 should be

.2

Give

certificate shauld be

PM3.

form

I in Item with form

pencil i alang w burial-t

writing the word "pending" in tief Medical Examiner's Office Mr. Page 3 shauld be used as a

to the Chief

FUNERAL 0

0

permit.

CLOS

burial,

CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

DEPUTY MEDICAL EXAMINER

i 20f. (City or town)

POTOMAC

SHEPHERDSTOWN.

Undetermined couse

AUG.24. 1960

(County)

Inspection X, Inquiry , and find that

09626

302

e. IS RESIDENCE ON A FARM?

YES NO

IF UNDER 24 HRS.

Hours

USA

INTERVAL BETWEEN INSTANT

PERFORMED?

DATE SIGNED

NO Y

(State) .

YES 🗍

220. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 8/27/60 Rurial 23. FUNERAL DIRECTOR'S SIGNATURE

Month, Day, Year

1960

DR. E.W. DITTO.JR.

Andrew K. Coffman Hagerstown Md.

Elmyood ADDRESS

While Not while at work

21. I certify that I took charge of the remains described above, held an Autopsy ...

death resulted from: Matural causes , Accident XI, Suicide , Homicide ,

Cemeterv

PLAYING TAG

factory, street, office bldg., etc.

22d. LOCATION (City, 10wn or county) efferson Co shepherdstown 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

DATEUG 3 0 '60

Chilling S. Thraus

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			Bald			
27, 1900	3U1   17 - 101			E.h. 1.1	,50	
15// 500	diam'reg.	A STATE OF	Mary No.			

VR A15 (4) 15M 9/S9 9654

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH O. COUNTY PAS HIT	USTON MARYLAN	2. USUAL RESIDENCE (Where deceased live o. STATE	b. COUNTY	perform admission)
b. CITY OR TOWN (If autside carporate lim	its, write c. LENGTH OF STAY IN 1	b c. CPY OR TOWN (If outside corporate	limits, write RURAL and give	nearest lawn)
d. NAME OF HOSPITAL (IF not in Asspital, OR INSTITUTION	Hospital	G. STREET ADDRESS Greencastle	RDZ	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	WINTFE	RD BARNHART DEATH	AUG. G	Day Year 1960
S. SEX  6. COLOR OR RACE	WIDOWED DIVORCED	8/17/1893	AGE (In years IF UNDER 1 YI last birthdoy)  (1) (2) yrs. Hanths Day	EAR IF UNDER 24 HRS ys Haurs Min.
10a. USUAL OCCUPATION (Give kind of work dyring nost of working life, even if retired	done 10b. KIND OF BUSINESS OR IN	Williamspour	md 12. CITIZEN	S A
J. Clinton E	Barnhart	Catherine.	Danner	003
IS. WAS DECEASED EVER IN U. S. ARMED FOI	RCES? 16. SOCIAL SECURITY NO. 15 services 705 - 10 - 742 10	Ans. Florence B	arnhart ?	trences
Canditions, if any, which gave rise to immediate cause (a), stating the under-	Areterosclerotic	Cardiovascular Diseas		20 years
Pulmonary Emphyse	macor pulmonale	BUT NOT RELATED TO THE TERMINAL DISEASE C syndrome RRED. (Enter nature of injury in Part I or Part II		PERFORMED?
		PLACE OF INJURY (Home, form, 20f. (City or		nty) (State
20c. TIME OF INJURY Manth, Doy, Ye Haur o. m. 19	While Not while at wark at wark	factory, street, affice bldg., etc.)	16.16.	
21. I certify that (I) (this haspital saw the deceased alive an 8/6		at death accurred at 1.10 M. from th	STAFF	
22c. PHYSICIAN'S NAME [Type] William C. Brewer	· M D	M.D. PHYS. M DIRECTOR D  22d. ADDRESS  359 East Baltimo	PHYS. []	le, Pa.
230. BURIAL CREMATION, 236. DATE THERE	o Maredon	na Cem. Fra	M (City, Jown, ar caunty)	(State)
24. FUNERAL DIRECTOR'S SIGNATURE	1 Drence	DATE ALIG 1 0 '6		

and an arrangement of the conference of the conf the sale of the sa A SERVED THE RESERVE OF THE SERVE OF THE SER Control Control to Handale States of an arrange was middle of 

p. m.

22a 5 GNA

22c PHYSICIAN'S

23a. BURIAL, CREMATION.

Ruria

REMOVAL (Specify)

24. FUNERAL DIRECTOR'S SIGNATURE

saw the deceased alive an

23b

Scott F. Minnich & Son

#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS -- BALTIMORE 1, MARYLAND

119628

b. COUNTY Washington

CERTIFICATE OF DEATH with director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. COUNTY Washington a. STATE Maryland be filed MARYLAND funeral b. CITY OR TOWN (If autside carporate limits, write c LENGTH OF STAY IN 1b RURAL AND GIVE COUNTY Funkstown vears should d NAME OF HOSPITAL (If not in haspital, give street address OR INSTITUTION d STREET ADDRESS 20 312 E. Baltimore Baltimore pup 4. DATE OF DEATH NAME OF Middle First DECEASED campletery fifted Pages 1 (Type or print) Violetta Virginia McCov Barnhart death B. DATE OF BIRTH S. SEX 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED | ofter DIVORCED [ WIDOWED TO Jan. Female papers 10a USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR INDUSTRY, 11. BIRTHPLACE (State or foreign country) hours during most of working life, even if retired) House Wife Own Home Funkstown pup pau 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician 200 within Earick Laura Luther Miller remave IS, WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT attending Irs. Eth Warrenfeltz please any 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **DUE TO** Conditions, if ony, which permit (b) signed gave rise to immediate cause (a), stating the underlying cause last burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 19 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item IB.) MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) factory, street, office bidg, etc.) Hour a.m.

While

21 I certify that (1) (this haspital) attended the deceased fram MAN

ot work |

Not while

of work

19 60 and that death occurred a V

23c NAME OF CEMETERY OR CREMATORY

Hagerstown

Funkstown Cemetery

M D

ATTENDING PHYS

22d, ADDRES

tri d.

DATE

DIRECTOR -

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) IS RESIDENCE ON A FARM? YES NO TO Month Year August 30 19 69 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS ost birthday) Months Days yrs 12. CITIZEN OF WHAT COUNTRY? Address Funkstown INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO Z (County) (State) . 19. (a) (we) last AM, from the causes and an the date stated above. SIGNED 23d LOCATION (City, tawn, ar county) (Stote) Funkstown 29b. REGISTRAR'S SIGNATURE 250 REC'D BY REGISTRAR Chillian & Three

been has attending certificate þ hed far After DIRECTOR: peu 3 shauld FUNERAL 0

requires that the death certificate

VR A15 (4) 1SM 9/59



### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND **CERTIFICATE OF DEATH** 302

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M				9	7	İ	2
AT	7	PLACE	OF	DEATH			

zurs ofter death. Page 4

the attending physician and campletely filled may the funeral director. Then please remave carban papers. Pages 1 and 2 should be filed with

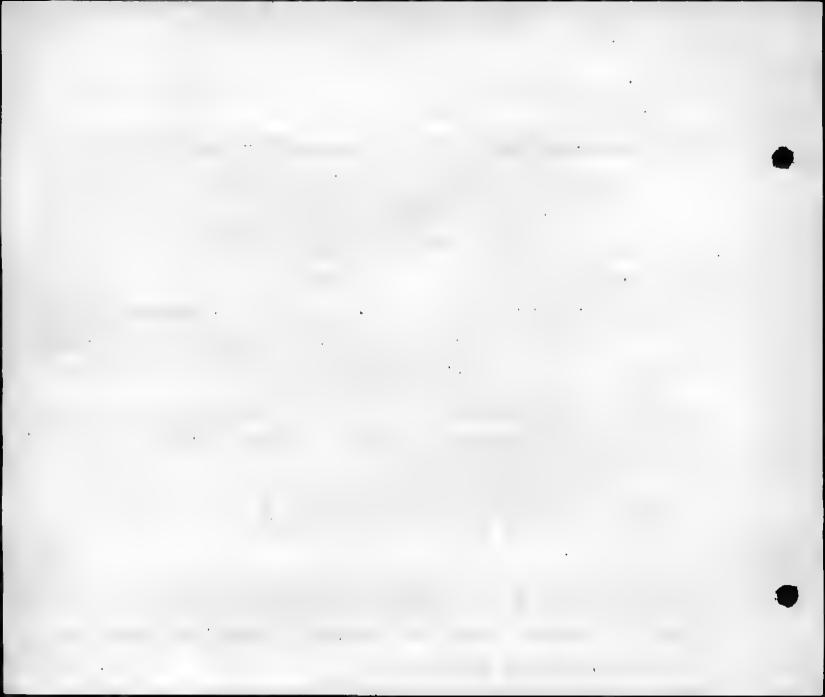
TO HOSE/TO OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 may be the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 the Stote Board at Health prior to burial, cremation, or remaval, and in ony event, within 72 haurs after death.

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VR A15 (4) 15M 9/59

/[	1 PLACE OF DEATH			re deceased lived. If institution: Resident	ce before admission)
	Washington	MARYLAND	Maryland	b. COUNTY Washingto	m
ı		LENGTH OF STAY IN 15		tside corporate limits, write RURAL and g	
ı	Hagerstown R#2	llYrs	Hagerstown	1	
Ì	d. NAME OF HOSPITAL (If not in haspital, give street add OR INSTITUTION	lress}	d STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	Williamsport-Greencastl	e Pike	Will iamspor	rt-Greencastle P	ike YES 1 NO [
	3. NAME OF First DECEASED	Middle	Lost	4. DATE Month	Day Year
	(Type or print) JESSIE	IRENE	BELL	P AGE (In years IF UNDER	3 1960 19
ı	5. SEX 6 COLOR OR RACE 7. MARRIED	THE TEN INVANCED .	DATE OF BIRTH	9 AGE (In years   IF UNDER   Manths	Doys Hours Min
-	Female White WIDOWED	A.A	June 3 1880	80 yrs	
	10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)	10 OF BUSINESS OR INDUST		ounty Nebraska	ZEN OF WHAT COUNTRY?
1	Housewife Own	n_Home	Steele Ci	ty Jefferson	<u>USA</u>
ı	FATHER'S NAME		14. MOTHER'S MAIDEN NA		
J	/ Milo Fales	CILL CECUPITY NO. 12 BIE	Hattie You	ukem Address	
	(Yes, no or unknown) (If yes, give war or dates of service)			Address	- 41
ļ	<del></del>	None Mrs	s. Hattie M	unson, Hagerston	
	18. CAUSE OF DEATH [Enter only one couse per line fine fine fine fine fine fine fine f	or (o), (b), and (c).	0 st +	- +	INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (o)	nesun	at Ouse	uc/1011	1615
1	DUE TO	0. 1	r 10.		11.11
	Conditions, if ony, which (b)	Paraly	uc / lle	us-	1 WIK
	couse (a), stating the under-	Ų			
	Iying couse lost.   (c)	STRIBUTING TO DEATH BUT N	NOT PELATED TO THE TERMIN	IAI DISEASE CONDITION GIVEN IN PART	1/o1 19. WAS AUTOPSY
	E	00/1	L Sa. 10. t.	a training constant	PERFORMED?
	20a. ACCIDENT WAS UNDERLYING   20b. RESCRIE	BE HOW INJURY OCCURRED.	Enter nature of injury in Pa	or Part II of item 18.1	A LOS HOLE
	OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		,	•	
		Eh	CE OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (City or town) (C	Caunty] (State)
	Haur a.m. While of work	Not while of work	ory, sired, order orag., etc.,		
	21 Certify that (I) (this haspital) attended	the deceased fram	11/23 195	Y to 8/13/60 19	, that (I) (we) last
	saw the deceased alive an 8/10			M, from the causes and an the	
	22a. SIGNATURE	1 00			22b DATE SIGNED
	Robert Va Camp	bell m	LD. PHYS. ATTENDING MEL	ECTOR PHYS.	3101120
1	22c PHYS CIAN S NAME (Type)	7 1 11	22d ADDRESS	OCT V	al aliale
	NODERI V.L.	ampbell	1711	SEKSTOWN I	10 3/15/60
	23d. BURIAL, CREMATION, 23b DATE THEREOF 2 REMOVAL (Specify)	23c. NAME OF CEMETERY OR	CREMATORY	23d LOCATION (City, town, or county)	(State)
	D * *   - /   -	Rose Hill Ca	emetery	Hagerstown Wash	Co Md
	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25o. REC'D	BY REGISTRAR 256, REGISTRAR'S SIG	
	Andrew K. Coffman, Ha	gerstown Mo	DATE	NOW I BY CIRTINA	S. Thous



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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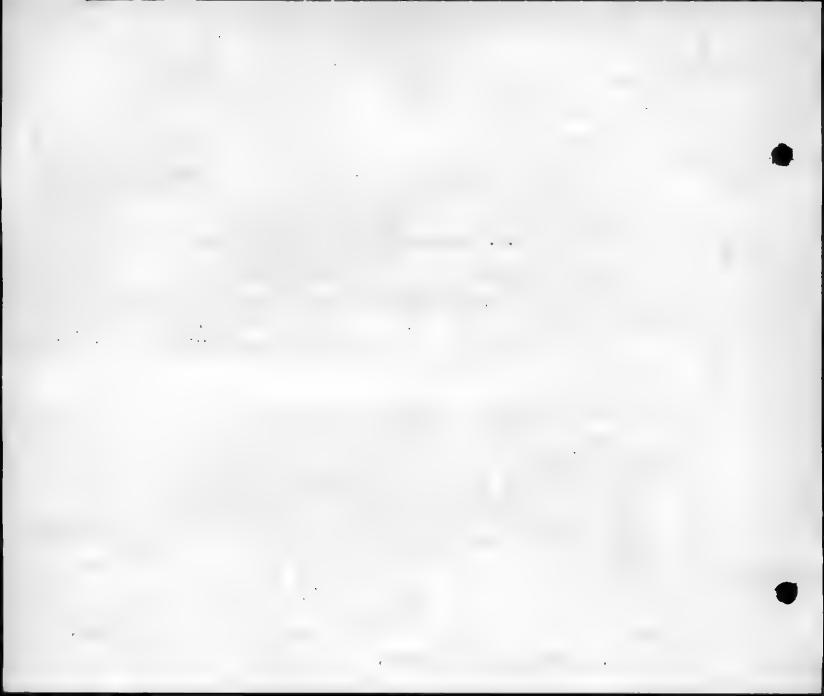
	90	) () ()	CERTIFICA	TE OF DEATH	302	113000)
1	PLACE OF DEATH	ton	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryland	ere deceased lived. If institution by COUNTY. Washingt	
	b. CITY OR TOWN RURAL and give Hage:	(If outside corporate limits, write nearest town) CSTOWN	c. LENGTH OF STAY IN 16	Hager	utside carparate timits, write RL	JRAL and give nearest town)
	d. NAME OF HOSP OR INSTITUTION	TAL (If not in hospitol, give street  O Pôtomac Av	· ·	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print)	CHARLES	CLINTON	BINGAMAN	4. DATE Moni	t 18 1960 19
	Male Male	White willow		8. DATE OF BIRTH NOV 29 1897	62 yrs	Nanths Days Haurs Min.
-	Miller	ION (Give kind of work done 10b rking life, even if retired)  D. A		ns Greencas	tle Franklin	day.
		neadore Binga			osey	
	15, WAS DECEASED BY (Yes, no or unknown) No	(If yes, give wor or dates of service)		Mrs Clara Bi	ngaran 810 P	otomec Ave
		immediate (b) (b) DUE TO	Tenò Sclero	Hagera Lie Heart S Plation	town Md.	INTERVAL BETWEEN ONSEY AND DEATH
	CATIC					EN IN PART 1(a) 19 WAS AUTOPS' PERFORMED? YES NO
		G CAUTED DEATH Y MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURR	ED. (Enter noture at injury in the LACE OF INJURY (Home, farm		(County) (State
,	Haur a m.	19 While of wo	: Not while f	actory, street, affice bldg., etc.	100.	
	saw the deced	at (1) (this haspital) attenuated alive on 15 lun-	f. a	// `	7	, 19 <b>60</b> _, that (1) (we) last d on the date stated above
	220 SIGNATURE	1 Jusky		M D ATTENDING ME DIT	RECTOR PHYS	9 au, 60 276 DATE SIGNE
	NAME (Type) 230 BJRIAL, CREMAT	F FLUSDY	23c NAME OF CEMETERY	230NF	WMU (City, town, c	(54.4-)
1	REMOVAL (Specify Buria)  24. FUNERAL DIRECTO	8/20/60		Cemetery H	agerstown Wa	PER COUNTY) (State)  PAR CO Md.  STRAR'S SIGNATURE
1	Andrew		gerstown Md		2 2 2 200	Lui & Kranto

TO HOSPITATION ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 has been and by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filted page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 the State Board of Health prior to burial, ar remayal, and in any event, within 72 haurs after death VR A15 (4) 1SM 9/59

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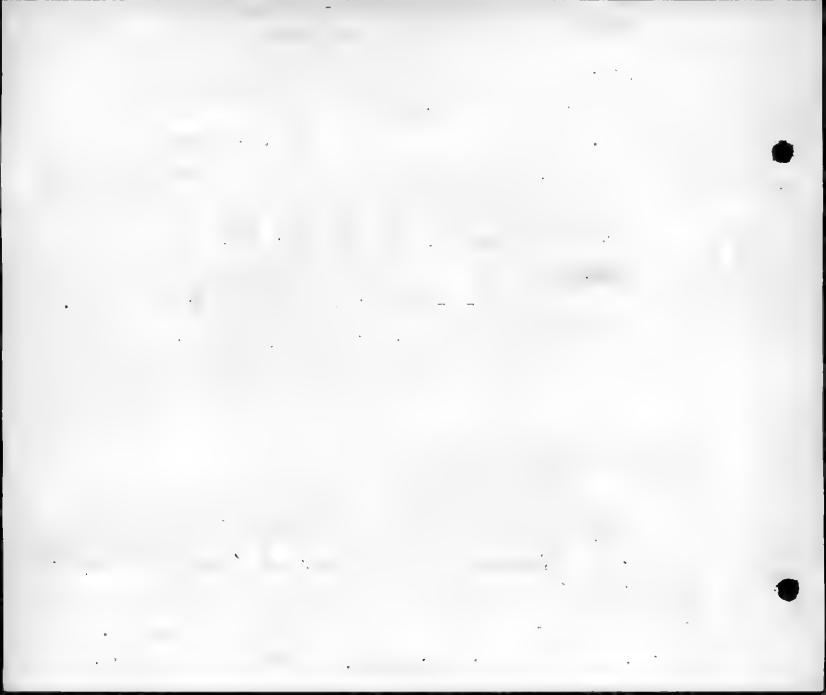
## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

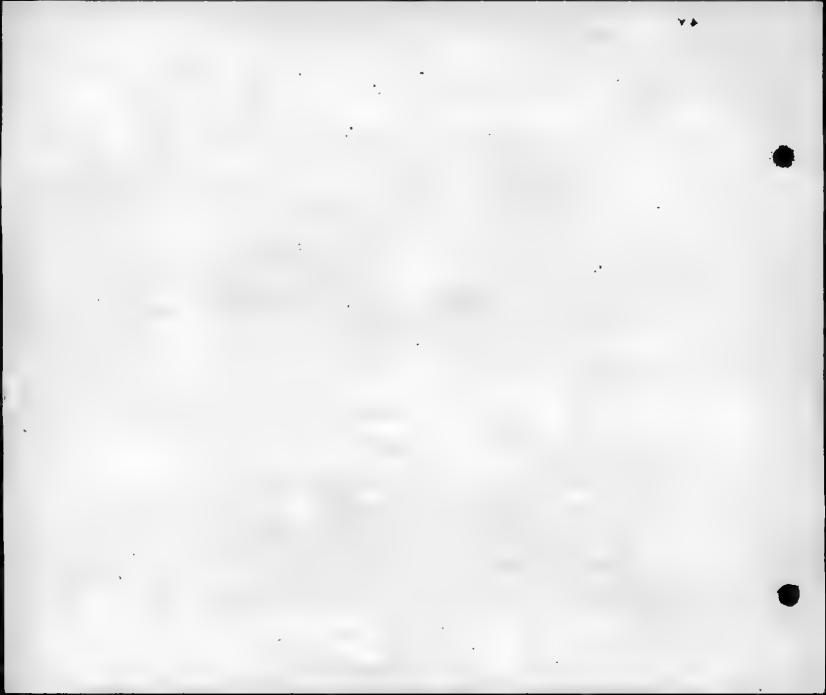
CERTIFICATE OF DEATH

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Cirling & Krack

Rea. Dist. No PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTWashington b. COUNTY Marvland Washington MARYLAND b CITY OR TOWN (If autside carporate limits, write c LENGTH OF STAY IN 16 CCCITY OR TOWN (If gutside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) Hagerstown vears Hagerstown d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FEITH? Baltimore 22 W. Baltimore YES NO DATE NAME OF First Middle Lost Month Year DECEASED Benjamin Fechtia Pond (Type or print) DEATH August 1960 S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) 82 yrs Months Male White 1878 DIVORCED | WIDOWED D yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Knitting Mill Carlisle Foreman Illinois A. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Franer Jerome Bond 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address Hagerstown 220-09-9 Mrs. Alta Bond TB CAUSE OF DEATH [Enter only one cause peculine for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Canditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO IF CERTIFIC 20g ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) TIME OF INJURY 20e PLACE OF INJURY (Hame, form, 20f. (City or town) (State) Day, Year 20d. INJURY OCCURRED (County) Hour a.m. factory, street, office bldg., etc.) While Not while at wark at wark p. m. 21. I certify that I attended the deceased from 1960 to 1966 that I last sow the deceased and that death occurred of M, from the couses and on the date stated above. DATE SIGNED ACTUAL SIGNATURE NAME (Type) 22d. LOCATION (City, town, or county) 22a. BURIAL, CREMATION, (Stote) 8-26-60 Rose Hill Cemetery Hagerstow **ADDRESS** 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE Scott F. Minnich & Son Hagerstown 14d DARUG 2 6 '60





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Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) n. COUNTY a. STATE b. COUNTY Washington MARYLAND Penna . Franklin b. CITY OR TOWN (If autside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest lawn) Hagerstown weeks Waynesboro d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? 24 West 2nd Street YES NO TO Jackson Convalescent Home NAME OF 4. DATE Middle Month Day Year DECEASED (Type or print)  $\mathbf{T}_{\bullet}$ SCOTT DEATH BUHRMAN Aug 19 60 6. COLOR OR RACE 7. MARRIED IN NEVER MARRIED 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH Months Days WIDOWED | DIVORCED [7] Mele White YES. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Waynesboro, Penna. USA Magazine Publisher 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME David Buhrman Jennie Brown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address Pa. Mrs. Hazel Buhrman. 24 W. 2nd St... Waynesboro no CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: dur-dona IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gave rise to immediate DUE TO couse (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19 WAS AUTOPSY PERFORMED? YES NO NO 20%. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) MEDICAL 20c. TIME OF INJURY Month. Day, Year 20d. INTURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Haur a.m. While Nat while at work at work 4/7 4/60 21. I certify that I attended the deceased fram.... , ta .... 19.....that I last saw the deceased \_\_\_, and that death accurred at 3:30 PM from the causes and an the date stated above ADDRESS (Street, city or town, state) ACTUAL SIGNATURE North Potomac Street PHYSICIAN'S M. Weeks. Hagerstown, Lar land Howard NAME (Type) 720. 8URIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 22d. LOCATION (City, tawn, or county) 22c. NAME OF CEMETERY OR CREMATORY (State) Washington. D.C. 8/8/60 Lee Crematory Cremetion 23 FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE ADDRESS 24g, REC'D BY REGISTRAR Chilling S. France DATE AUG 8

Waynesboro, Penna.

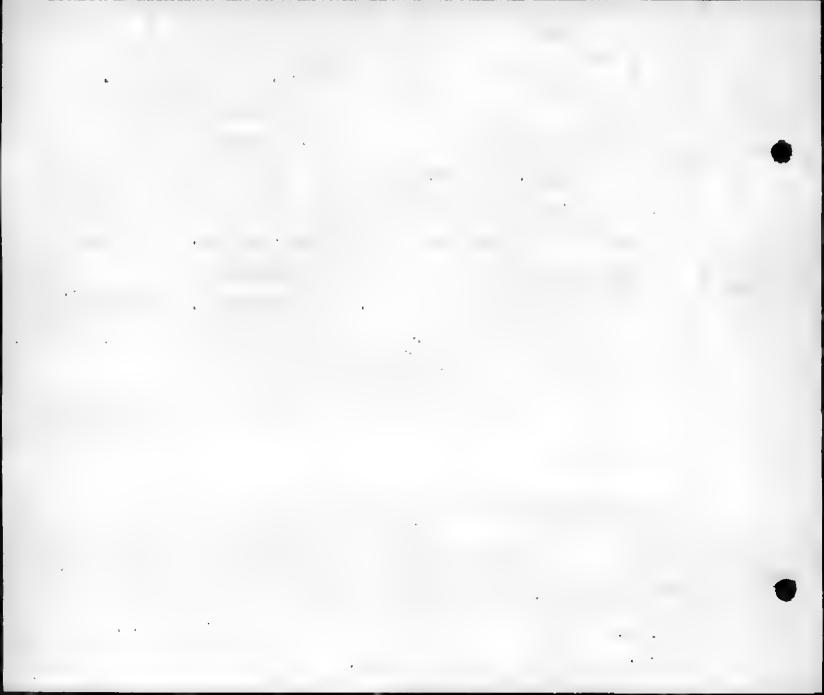
I director, filed with after death. Funeral fille Pages campletely papers. pup carban requires that the death certificate be attending 古 ģ permit. Bued ire has been sig burial-transit p pup physician. certificate ed by the DIRECTOR:

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STATE DEPARTMENT OF HEALTH . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I yed, If institution: Residence before edmission) rel director. Page of for your files. e. COUNTY b. COUNTY Washington MASKINGIGE Maryland MARYLAND b. CITY OR TOWN (if outside corporete I mits, c. LENGTH OF STAY IN 16 c. CITY Of TOWN (If outside corporate limits, write RURAL and give merest town) write RURAL and give nearest lown) Hagerstown Hancis d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE era ON A FARM? State 1 YES NO TO NAME OF Middle 4. DATE Month DECEASED OF ve Pages 1, 2, and 3 to the PAA3. Page 5 may be refered a pages 1 and 2 with the twittin 72 hours after d (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years HE UNDER 1 YEAR IF JNDER 24 HRS. 8. DATE OF BIRTH last birthdey) WIDOWED [ in pencil in them 18. Give bages 1, 2, an s Office along with form PM3. Page 5 m a burial-transit permit. File pages 1 and 2 emovel, and in any event. DIVORCED [ 106. K ND OF BUSINESS OR INDUSTRY 10e USJAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working I fe, even If retired) 13. FATHER'S NAME Resturant + Inver Stort 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) ( (If yes give we rordeles of service) Margare 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] ONSET AND DEATH IMMEDIATE CAUSE (\*) Dissecting Aneurysm Of Aorta, Ruptured Hours DUE TO (b) Hemopericardium geve rise to immediate cause. **DUE TO** (a), stelling the underlying (a) Pulmonary Congestion & Edema PART II. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 100 19, WAS A JOPSY cremation, CERTIFICATION PERFORMED? Pe ecute the certificate, writing the word NO should 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury in Pert I or Pert II of Item 18.) should be forwarded to the Chief Med.
FUNERAL DIRECTOR: Page 3 shoul its designated agent, prior to burial, or PRIMARY IT OF CONTRIBUTING IT CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, ferm, 1 20f. (City or town) (State) fectory, street, office bldg., etc.) Not While et work at work prior 21. I certify that I took charge of the remains described above, held en Autopsy 😿 . Inspection and in my opinion Natural ceuses to Suicide . death resulted from: Accident Homicide | | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S E. W. Ditto. NAME (Type) Address (Street, city, town, or county) 22d. LOCATION (City, lown, for country) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY \_ \_ REMOVAL (Specify) 240 p Buria 23. FUNERAL DIRECTOR 246. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE VS. AISME arthur S. Kraus 20 DATE AUG 2 9 '60 5M 7/59



s after death. Page 4 may be ned by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled 2- oy the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the Stote Baard of Health priar to burial, cremotion, ar removal, and in any event, within 72 hours after death. SE \*ONDAN 1.13 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 to

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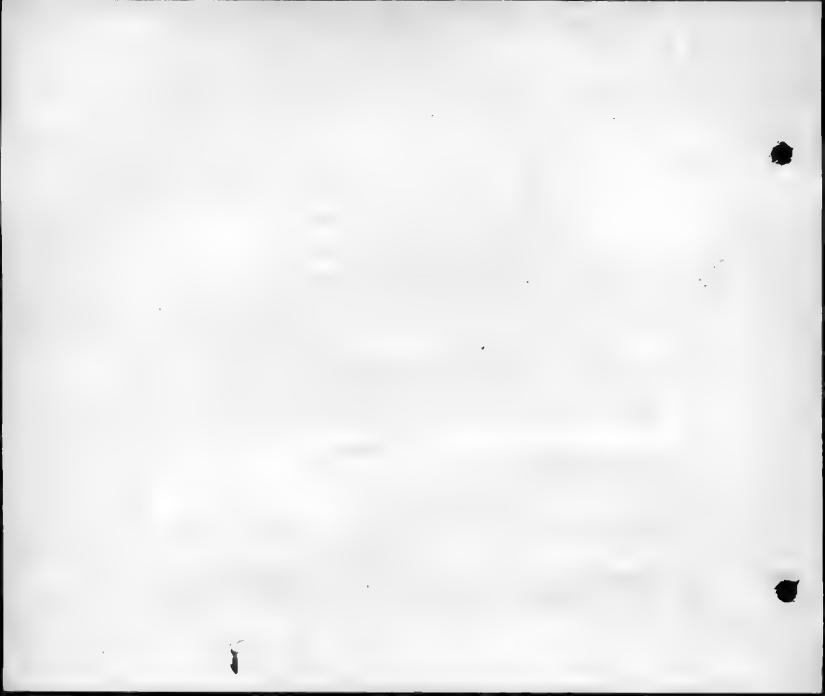
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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

**CERTIFICATE OF DEATH** 

-												
1.	PLACE OF DEATH					USUAL RESID	DENCE (Who	ere deceased l	ived If institute	an: Residence	before admi	ssion)
		INCTON		MARYLAN	ND D	. 5 & .	RVLI	AND.		SHINL	GTON	
	b. CITY OR TOWN (If RURAL and give neg		ts, write c L	ENGTH OF STAY IN	1b	c. CITY OR T	OWN (If or	side corporo	te limits, write R	URAL and giv	re nearest to	vn)
	BENEVOL	A - RI.121	74 11	VEARS		15E	NEVO	(A	- 180	RAL		
	d NAME OF HOSPITA	L (If not in haspital, g	rve street oddre	essy	1	d. STREET A	DDRE\$\$				e IS RI ON	SIDENCE A FARM?
	1300A	3630120	Mp.	K. I.	· ·	DOGR	15136	80 N	1 D. K		YES [	□ NO 🛛
3	NAME OF DECEASED	Fir	st	Middle		Los	1	4. DATE OF	Mon	th	Day	Year
	(Type or print)	LICTTY	1	T. I.	CA	ASTLE	<u> </u>	DEATH	ALGUS		_	1960
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED [	]   8. D	ATE OF BIRTH	4	9	AGE (In years lost birthday)		YEAR IF UNI	-
	FENIALE	WHITE	WIDOWED [	DIVORCED [		AVIS	3-17:	24	3 6 yrs	3 1	U	791111
100	<ul> <li>USUAL OCCUPATION during most of working</li> </ul>	N (Give kind of work on ng life, even if retired)	done 10b KIND	OF BUSINESS OR IN	NDUSTRY	11 BIRTHPL	ACE (Stote o	or foreign cou	ntry)	12 CITIZE	EN OF WHAT	COUNTRY?
	1	/   T   C.	0447	VI HOME		BOOM	SBORD	WAS	+ + CO - /Y	10. 10	. 14.21	
13.	FATHER'S NAME				11	4. MOTHER'S				-		
1	From	IAISD I	1. LIC	H7 1 12		AN	NIE	1	SPALL	V CLE	2	
	. WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16. SOCI	AL SECURITY NO. 1	7, INFOR	MANT			Add	ress		
	No	yes, gave war or ordins or s	216-	22-7884	ARL.	11.5.16.7	ER C	AJLE	Daga	(SIBORO	MID	K.1.
	18 CAUSE OF DEAT	H [Enter anly ane ca	use per line for	(a), (b), and (c)							INTERVAL	BETWEEN
	PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (o	, #1-c	ute te	lle	would	2/4	ماور	سهدد		JULE	7 196
	LLIIV	DUE TO		0	-	D				ž		
	Conditions, if on	v. which )	Rti	eurst	10	trea	d	Moc	se co	514		
	gave rise to im						-					
	lying cause lost.	le <u>under-</u>	00	rtie ?	Vien	rica	xu	) in	uffle	euce.		
Z	PART II. OTHE	R SIGNIFICANT CON	DITIONS CONT	RIBUTING TO DEATH	BUT NO	T RELATED TO	THE TERMIN	NAL DISEASE	ONDITION GIV	EN IN HERT	(a) 19 WAS	AUTOPSY
CERTIFICATION												ORMED?
Ę	20a. ACCIDENT WAS	UNDERLYING 🗆	206 DESCRIBE	HOW INJURY OCCU	JRRED. (E	nter nature o	f injury in P	art I or Port I	l of item 18.)			
GER	OR CONTRIBUTING (	CAUSE OF DEATH										
18		Month, Doy, Yes	or 20d. INJUR	Y OCCURRED 20e	PLACE	OF INJURY (	Home, farm,	20f (City o	r town)	(Co	unity)	(State)
MEDICAL	Haur o.m.	19	While of wark	Nat while of work	factory	, street, office	bldg., etc.)					
~		40.441.1			7	me ;	7	Ca . 19	urtin	12 .06.		
		(1) (this haspital	) offended !	_			Lug	60, ta 11		13, 1960		
	saw the decease 22a. SIGNATURE	ed alive on 73 9	Jun 12	19.60, and the	at deat	h accurred	1 at /_27:	M, fram fl	ne causes an	d on the		d abave. 2b DATE
	C C	Heen	war			ATTENDING		D	STAFF	0		SIGNED
	22c PHYSICIAN'S				M D.	22d ADDRE		LOT th	PHYS [	stree	1,	
	NAME (Type)	Joseph S	econda	ri. M. l	J.,		_		o, mar		_	
73	g. BURIAL, CREMATION			NAME OF CEMETER	PY OR CE	EMATORY			ON (City, tawn,			ate)
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24	FUNERAL DIRECTOR'S		1960	ADDRESS	10/50	VEM	250 PRC1	BY REGISTRA		STRAP'S SIGN	ATLIRE	11/
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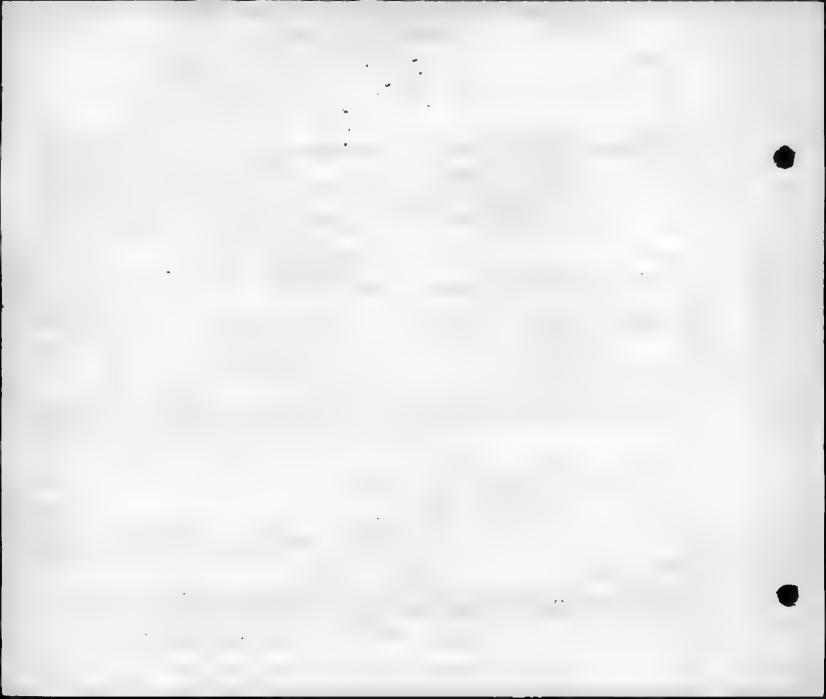
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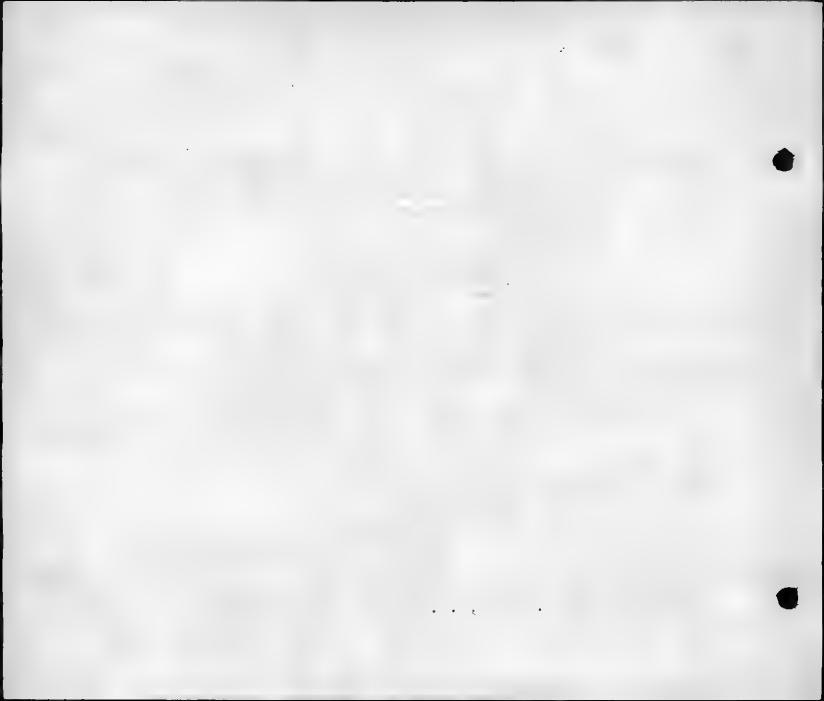
**ADDRESS** 

23. FUNERAL DIRECTOR'S SIGNATURE

24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE ALIG 1 6 '60

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PLACE OF DE 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND Pennsylvania Washington Franklin b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) RURAL and give nearest town) Chambersburg Hagerstown months d NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS OR INSTITUTION ON A FARM? Gateway Nursing Home YES NO NAME OF Middle 4. DATE OF Manth Year DECEASED KATE MINNIE COBLE DEATH August 60 (Type or print) 19 S SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED last birthday) Manths. October 4, 1881 DIVORCED [] Female White WIDOWED | 10g. JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11). BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) U.S.A. Franklin Co., Pa. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Jacob Coble Elizabeth Zarger 17. INFORMANT Address IS, WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO Chambersburg, Pa. Sellers Funeral Home none no 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH DEATH WAS CAUSED BY: DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO IX 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) (State) (County) factory, street, affice bldg., etc.) While Not while at work at work 21. I certify that (1) (this hospital) attended the deceased from Selvin IN NOSEMEL IN Dr. Bully 198/13/18191) (we) lost sow the deceased alive on and #hat deoth occurred of \_ M, from the couses and on the date stated obove. 22a. SIGNATURE SIGNED ATTENDING PHYS MED DIRECTOR MD PHYS [] 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) N. Potomac St., Harenstown, Ild. 23a. BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) REMOVAL (Specify) Franklin Co., Pa. Coble's Cemetery 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sellers Funeral Home Chambersburg, 250, REC'D BY REGISTRAR

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DIRECTOR: FUNERAL 0

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Scott F. Minnich & Son

### CERTIFICATE OF REATH

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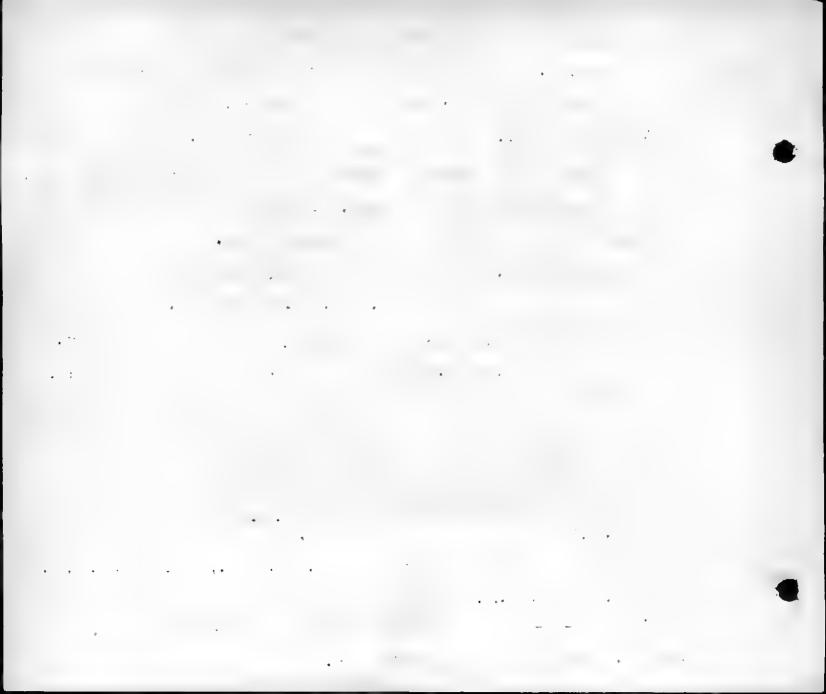
	9/1/		EKTIFICA	IE OF DEATE	1	Reg. Dist.	No.
1 PLACE OF I			MARYLAND	USUAL RESIDENCE (WHO STATE Mary	land b. COU		before admission) ington
Rural	TOWN (If outside carparate line di give nea Hagerst	own 3 w	OF STAY IN 16	e. CITY OR TOWN (IF a	utside carporate limits, wr Stown	ite RURAL and give	nearest town)
d. NAME C	F HOSFITAL (If not in hospital, Lege Road	Rt. 3		d. STREET ADDRESS	inia <sup>A</sup> ve.		e IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or pri	n) Thomas	Rob e		nner	4. DATE OF DEATH AUG	Manth <b>ust</b>	Day Year 13 19 60
5 SEX Male	White	WIDOWED MEVI	DIVORCED 🔲 J	an. 4, 189		yrs Months Do	YEAR IF UNDER 24 HRS
OV	CCUPATION (Give kind of warls) of warking life, even if retire	dane 10b KIND OF BU		Chicago	Ill.	12.CITIZE	N OF WHAT COUNTRY
13. FATHER'S N				14. MOTHER'S MAIDEN N	NAME		
	Phillip	M. Conr		Mar	y Ann He	ist	
15. WAS DECE (Yes, no, or unkno	ASED EVER IN U. S. ARMED FC		JRITY NO. INF	ORMANT		Address	
			Ar.	Irvin T.	Miller Rt	. 3	
1B. CAUS	OF DEATH [Enter anly and	cause per line far (a), (b)	ond (c).]				INTERVAL BETWEEN
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PA CATION OR CONTI (IF EITHER	T II OTHER SIGNIFICANT CO	ND TIONS CONTRIBUTE	IG TO DEATH BUT N	OT RELATED TO THE TERMI	INAL D SEASE CONDITION	GIVEN IN PARE 1	PERFORMED?
	DENT WAS UNDERLYING ARBUTING CAUSE OF DEATH NOTIFY MEDICAL EXAMINER	H ?	NJURY OCCURRED	(Enter nature of injury in l	Part I ar Part II af item 18	-)	
	DFINJURY Month, Day, Y a.m. p.m. 19	While Not wh	ile facta	E OF INJURY (Hame, farm ry, street, affice bldg., etc.	o, 20f. (City ar town)	(Cau	enty) (State
21. I ce	rtify that I attended th	e deceased from	1935	. 19 . ta 8	13.60 19	that Liast	saw the decease
	8.13.60						
1 1	14 0	MI			ADDRESS (Street, city or to		DATE SIGNE
ACTUAL SIGNATUR	: Stoart	Joung	ms M	o 148 N. Potor	nac St., Hag	erstown, A	d. 8.13.60
PHYSICIAI NAME (Ty	PO) S. Earl You	-					
22a. BURIAL C	REMATION, 22b DATE THERE		OF CEMETERY OR		22d. LOCATION (City, to		(State)
	8-15-	bu Ro	se Hill	Cemetery	Hagers	town M	đ.
TOT PUNICON D	IDECTORIC CLOSESTIBLE	4.0000	e.e	1	DAV DECICEDAD DA	ACCUPANTE STORE	ATIME

Hagerstown Md.

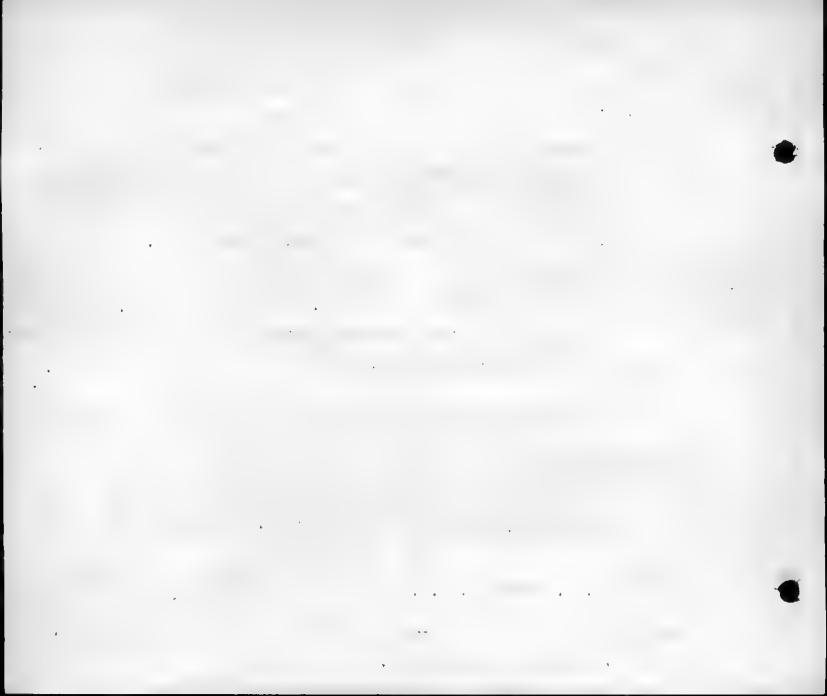
TO HOSPI OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 the death. Page 4 may be need by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial transit permit. Then please remaye carban pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar remayal, and in any event within 72 haurs after death.

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When Q. Horox

Hagerstown.Md.

25b, REGISTRAR'S SIGNATURE

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7 '60

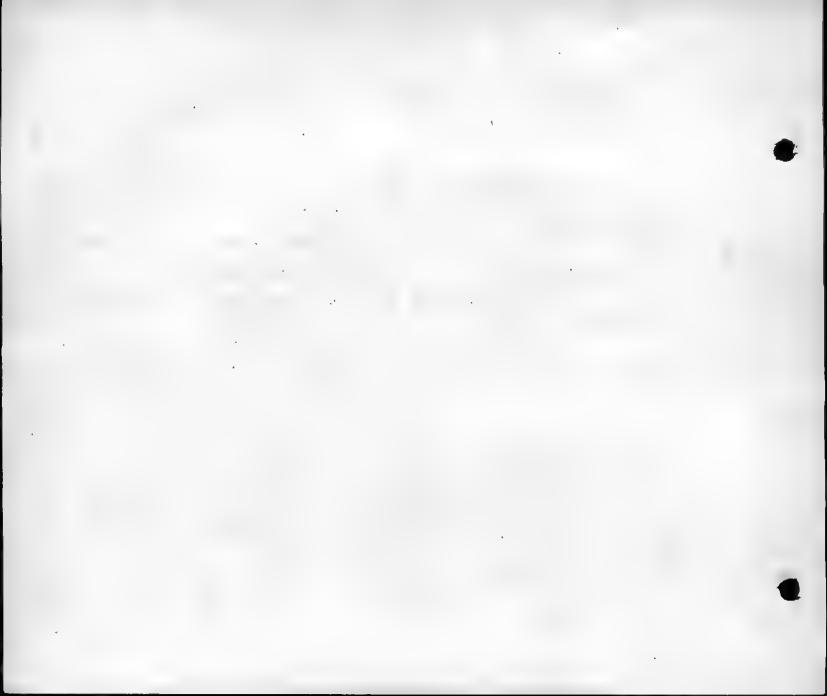
VR A15 (4)

24. FUNERAL DIRECTOR'S SIGNATURE

Rest Haven Funeral Chapel

after death. Page

that the death certificate be executed within 24



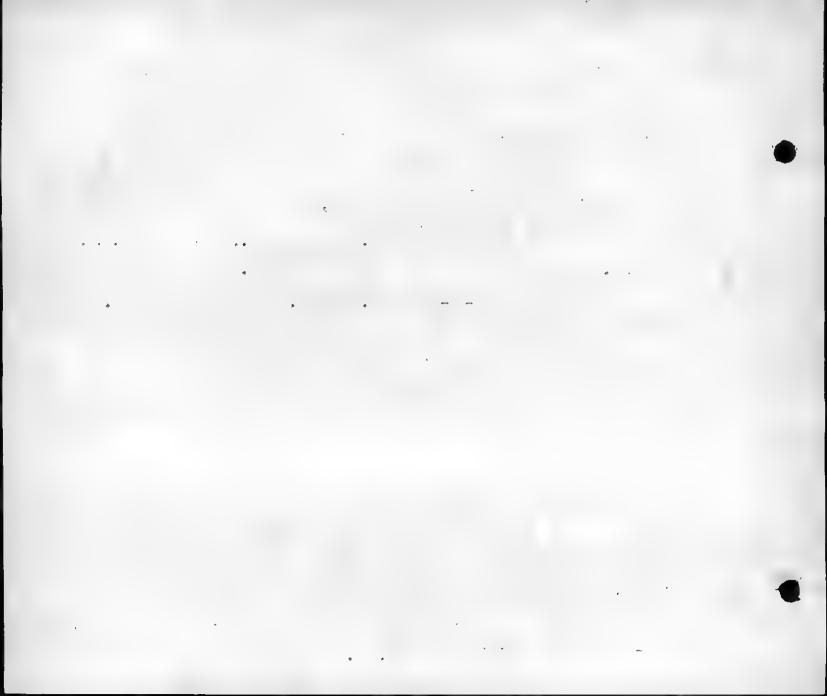
### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

00630

	CERTIFI	ICATE OF DE	ATH	•	19023
)[	1. PLACE OF DEATH O. COUNTY Washington MARYL	II a STATE	NCE (Where deceased lived. Maryland	If institution: Residence be COUNTY Washin	
air.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give represt town)  125 years	N 16 c. CITY OR TO	WN (If outside corporate lim Hage rstown	its, write RURAL ond give (	neorest town)
1	d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Washington County Hospital	d. STREET ADI	oress Iollywood Road		e. IS RESIDENCE ON A FARM? YES NO
:	3 NAME OF First Middle LEE Type or print) HARRY LEE	DAY	4. DATE OF DEATH AU		Day Year 19 60
	5 SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	Man 30 3		burthday) Months Doy	AR IF UNDER 24 HRS. s Hours Min.
- 1	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Clerk  10b. KIND OF BUSINESS OR Sand blasting Dust cleaning	Man. Frede		<b>†</b>	OF WHAT COUNTRY?
$\int$	James D. Day		Laura V. Spau	-	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. [Yes, no. or unknown] [If yes, give wor or doles of service] 214-09-9864	Mrs. Mabel	V. Day Hag	Address gerstown, Md.	
	Conditions, if ony, which gove rise to immediate couse (o), stoting the under-lying cause lost.  Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA	LITH BUT NOT RELATED TO T	THE TERMINAL DISEASE CONT	DITION GIVEN IN PART 1(0	PERFORMED?
	200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OF OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CCURRED (Enter nature of i	injury in Port I or Port II of i	tem 18.)	YES Q NO
	Coc. TIME OF INJURY Month, Doy, Year   20d. INJURY OCCURRED	20e. PLACE OF INJURY (He factory, street, affice b		(Coun	ly) (State)
	21 I certify that (I) (this haspital) attended the deceased saw the deceased alive an August 1960, and 220. SCHAJURE	that death occurred	at// FAM, from the c	auses and an the do	* * * * * * * * * * * * * * * * * * * *
	200 PHYS CIANS 1200 PHYS CIANS	M.D. PHYS.  22d ADDRES  217 C		on X. Hag	erstown
	236 BURIAL, CREMATION, 236 DATE THEREOF 23c. NAME OF CEME Purial 8/27/1960 Union Cem	tery or crematory		City, town, or county)	(Stote) Maryland
	24 SUNERAL DIRECTOR'S SIGNATURE IN PRODUCE PROUZER Funeral Home ADDRESS Hagersto		250. REC'D BY REGISTRAR AUG 2 6 '60	256 REGISTRAR'S SIGNA	TURE

TO HOSPIP OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 ms, after death. Page 4 may be need by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certif cate has been signed by the attending physician and completely filled y the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board at Health prior to burial, cremation, ar remayol, and in any event, within 72 hours after death. VR A15 (4) 15M 9/59



#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

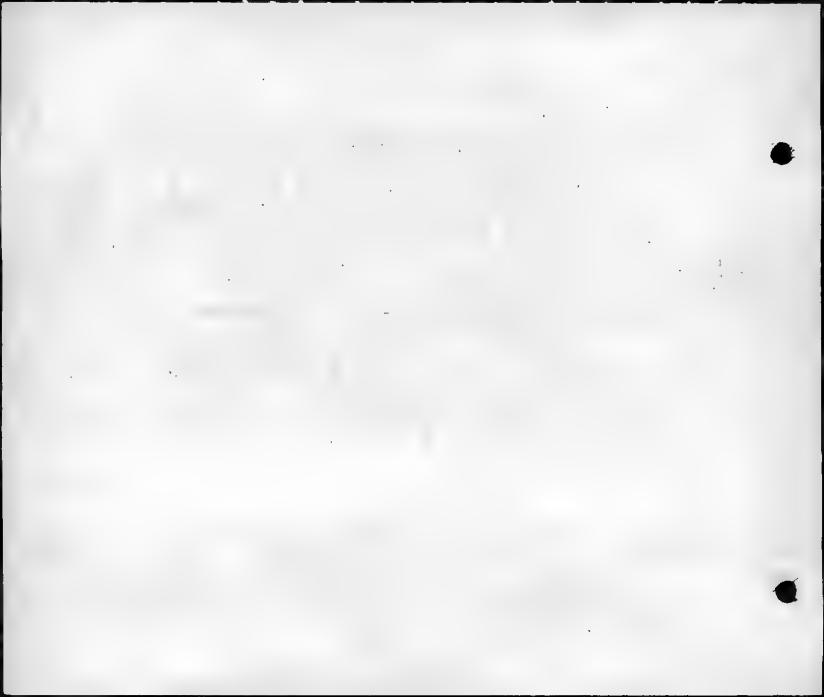
09643

	CERTIFICATE OF DEATH
7	PLACE OF DEATH  o. COUNTY  A Shire For MARYLAND  2 USUAL RESIDENCE (Where deceased lived, (f institution: Residence before admission)  b. COUNTY  Frederick
	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street oddress)  A Chromac Hospital (If not in hospital, give street oddress)  A Chromac Hospital (If not in hospital, give street oddress)  A Chromac Hospital (If not in hospital, give street oddress)  A Chromac Hospital (If not in hospital, give street oddress)  A Chromac Hospital (If not in hospital, give street oddress)  A Chromac Hospital (If not in hospital, give street oddress)  A Chromac Hospital (If not in hospital, give street oddress)
3.	NAME OF DECEASED (Type or print)  Adron  Middle  Doysey  4. DATE OF DEATH  Day Yeor 29 1960
5.	SEX    6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   18. DATE OF BIRTH   9. AGE (In years lost birthday)   Months   Doys   Hours   Min
10	OCUSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country)  A Frederick—Co. M. 12. CITIZEN OF WHAT COUNTRY  Trederick—Co. M. 1. U.S. A.
)	R. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME
15	Was peceased ever in u s armed forces? 16 social security no 17. INFORMANT  (ex. of of unknown) (if yes, give war or dotes of service) UNKNOWN JAMPS H. Edwards - 128 Fee St.
	PART I. DEATH WAS CAUSED BY Delmonary lynghatit Carcinomatos's Tenderon
	Conditions, if ony, which gove rise to immediate couse (a), stating the under ODUE TO  DUE TO  DUE TO  Conditions, if ony, which gove rise to immediate couse (a), stating the under the u
CATION	PART II OTHER SIGN. FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART 1(0) 19 WAS AUTOPS  METASTATIC Car C-Moma, of liver generalized arterios cleroso  YES D NO
CEPTIES	
MEDICAL	20c TIME OF INJURY Month, Doy, Year 20d, INJURY OCCURRED Hour a.m. 29 work of work of work to work to the work to work to work to the work to
	27 I certify that (I) (this haspital) attended the deceased fram Atta 25 19 to ta Atta 29, 19 to that (I) (we) la saw the deceased alive an Atta 29 19 to and that death occurred at M, fram the causes and on the date stated above 220 SIGNATURE
	Houng & Chun MD. ATTENDING MED STAFF Ang 3/ 1960  22c PHYSICIAN 1/2  22d. ADDRESS
	NAME (TYPE) YOU'VE E, Chull 1500 Pennia Ave Hagesstonn, M
2	SO. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF CREMATORY 23d LOCATION (City, town, or county)  PREMOVAL (Specify)  Fred, Co, MI
2	4. FUNERAL DIRECTOR'S SIGNATURE ZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZ

gafter death. Page 4 ond 2 should be filed with ATTENDING PILYINCIAM: The lam requires that the death certificate be executed within 24

TO HOSPI VR A1S (4) 15M 9/59

hed by the haspital or attending physician.



us after death. Page 4

TO HOSP

VR A1S (4) 15M 9/59

## MARYLAND STATE DEPARTMENT OF HEALTH 9664 PIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

09644

7	PLACE OF DEATH o. COUNTY		2, USUAL RESI	DENCE (Where deceased liv		sidence before admission)					
I.	Washington	MARYLAN	D 0. 31/216	Maryland	b. COUNTY	dashington					
Г	b CITY OR TOWN (If outside corporate limits, w RURAL and give nearest town)	vrite   c LENGTH OF STAY IN 1	b c CITY OR	TOWN (If outside carparote	limits, write RURAL	ond give nearest fown)					
ı	Hagerstown	65 years	( → Ha	Hagerstown							
1	d. NAME OF HOSPITAL (If not in haspital, give s	street address)	d STREET A			e. 15 RESIDENCE ON A FARM?					
	Washington County He	ospital	55 E1	izabeth Stree	et	YES NO I					
3	. NAME OF First	M'ddle	Los	4. DATE	Month	Day Year					
	(Type or print) MAUDE	OLIVIA	EICHELE	ERGER DEATH	August	25 , 60					
5		MARRIED NEVER MARRIED			AGE (In years IF UP ost birthday) Mon	NDER 1 YEAR   F UNDER 24 HRS					
	Female White wi	DOWED DIVORCED	June 15,	1880	80 yrs	Will Days					
1	0a USCAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR IN				CITIZEN OF WHAT COUNTRY					
	Housewife		Rohr	ersville, Ma	ryland	U.S.A.					
1	3 FATHER'S NAME		14. MOTHER'S	MAIDEN NAME							
	Thomas Poffenber	rger	LtM H	dred Gaut							
1	5. WAS DECEASED EVER IN U. S. ARMED FORCES! [Yes, no. or unknown]   (If yes, give wor or dates of service		7 INFORMANT		Address						
	no	none	Mrs. Ruth	Nokes Hage	rstown, Ma	aryland					
	18 CAUSE OF DEATH [Enter only one couse	per line for (o), (b), and (c).]				INTERVAL BETWEEN					
	PART I, DEATH WAS CAUSED BY:	Acute Coror	nary Occi	lusion		5 min.					
	+ 2U & DUE TO										
	Conditions, if ony, which ) (b)	Arterioscle	erotic He	eart Diseas	e	4 vears					
	gave rise to immediate (				-						
	lying couse lost.										
1		ONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO	THE TERMINAL DISEASE CO	ONDITION GIVEN IN	PART 1(0) 19 WAS AUTOPSY					
	PART II. OTHER SIGNIFICANT CONDITIONS Arterioscler	osis, cerebra	al and ge	eneralized		PERFORMED? YES NO TO					
	20a. ACCIDENT WAS UNDERLYING [ 20b	DESCRIBE HOW INJURY OCCU			of item 18.)						
	20g. ACCIDENT WAS UNDERLYING (1) 20b OR CONTRIBUTING (1) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)										
į	=		PLACE OF INJURY ( foctory, street, office	Home, form, 20f. (City or	town)	(County) (State					
	E p. m. 19	While Not while of work of work	, , , , , , , , , , , , , , , , , , , ,								
h	21. I certify that (I) (this-hospital) a	ittended the deceased fra	m Aug. 23	3 19 60 to Au	g. 25	19_60 that (I) (vre) las					
A	saw the deceased glige on AUS.	725 19 60, and the	it death occurre	d a9: 30 from the	causes and or	the date stated above					
/	220 SIGNATURE	1				22b DATE					
	1/8 to 1	symmen in of	M.D PHYS	MED STORECTOR I	STAFF PHYS []	8-27-60					
	22c PHYSICIAN'S W. T. La	yman. M.D.	22d. ADDR	Ess 100 Profe	ssional						
1	(type)	,,		Hagerstow							
2	30 BUR AL, CREMATION, 236 DATE THEREOF	23c NAME OF CEMETER	Y OR CREMATORY		(City, town, or cou						
	Burial 8/28/1960	Rest Haven	Cemetery	. Hager	stown	Maryland					
2	Suter Rouzer Funeral	Home ADDRESS		25a. REC'D BY REGISTRAR	25b, REGISTRAR	'S SIGNATURE					
	R. Franklin Roser	Hagerstown	, Md.	DATAUG 3 0 '60	Cultur	S. Thomas					



**CERTIFICATE OF DEATH** 

302

96651 PLACE OF DEATH o. COUNTY

director Ē funeral å P puo filled Poges death. ofter . hours afte CGTT bon 72 hc physician ğ.<u>s</u> гетоме altending ā á gned ĕ attending After this detached

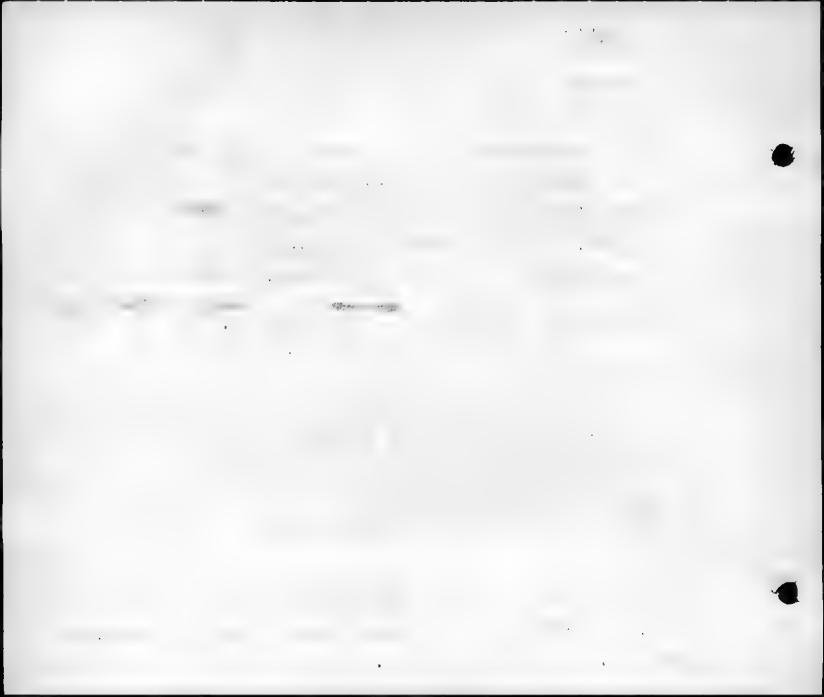
death.

ned by the I FUNER m poge the St o

2, USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) b. COUNTY MARYLAND Waskington Maryland Washington b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporote limits, write RURAL and give nearest town) RURAL and give nearest tawn) Yra Hagerstown Hagerstown d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 1220 Ravenwood Hgts 1220 Ravenwood Hgts YES NOTE 4. DATE OF NAME OF Middle Year DECEASED DEATH NMN (Type or print) HANNAH LEISHER August 30 196019 6. COLOR OR RACE 8 DATE OF BIRTH AGE (In years last birthday) FUNDER 1 YEAR IF UNDER 24 HRS S. SEX MARRIED NEVER MARRIED Months DIVORCED | WIDOWED T Female 1866 94 10a USUA, OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? USA Housewife Own Home Latvia 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Deborah Moses Brenner (unable to locate IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT No 1220 n Ravenwood Hgts Fleisher Mone Hagers town 18. CAUSE OF DEATH [Enter only one cause pergline for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) DUE TO Conditions, if ony, which (b) gove rise to immediate DUE TO couse (o), stoting the underlying cause lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO DL 20a. ACCIDENT WAS UNDERLYING 
OR CONTRIBUTING 
CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (State) (County) foctory, street, office bldg., etc.) D. m. While Not while at wark 🔲 at wark p. m. 21 I certify that (1) (this haspital) attended the deceased framula 19\_\_(a) that (1) (we) last saw the deceased alive an L (AD) and that death occurred at M, from the causes and an the date stated above. 22o, SIGNATUI ATTENDING PHYS DIRECTOR [ PHYS 22c PHYS CIAN 22d. ADDRESS NAME (Type 23b. DATE THEREOF 230 BURIAL CREMATION. 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Abraham Cemetery Hagerstown Wash B'Nai 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE 25g, REC'D BY REGISTRAR Andrew K. Coffman Hagerstown Md. Cirthur S. Kraus DATE SEP 2

VR A15 (4) 1SM 9/59



### FOR STATE HEALTH DEPT.

necessary, please I director. Page for your files. MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
9666 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03646

日分り会し Reg. Dist. No.

		LACE OF DEATH					2. USUAL RESIDENCE (V		red If institution.	. Residence befo	ore odmission)				
	°	. COUNTY WASHI	NGTON		MAR	/LAND	o. STAMARYLAND b. COUNTY WASHINGTON								
1	Ь	CITY OR TOWN (Louise	de corporate fields, we fi	PURAL	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (II	outside corporate	i limits, write RUR	AL and give ne	arest town)				
}		HAGERSTOW	N		2 DAY	S	CLEAR S	PRING,	MD. ROU	TE 1					
	d	NAME OF HOSPITAL O	OR INSTITUTION (	If not in hospi	tol. give street addre	15)	*d. STREET ADDRESS				. S RESIDEN				
	Ĭ4	<b>ASHINGTON</b>	COUNTY	HOSP	ITAL		₩ NONE				YES NO				
		IAME OF PECEASED	Fin	i†	Middle		Last	4. DATE	Manth	Doy	Yeor				
			BERT		LEE	]	FRALEY	DEATH A	UGUST	25	19 6	0			
	5, 5	EX 6.	COLOR OR RACE	7. MARRIED	NEVER MARRIE	D 🔲 8.	DATE OF BIRTH	9. A	t I wall to	-	IF UNDER 24 F	185.			
		MALE	WHITE	WIDOWED	DIVORCED		JULY 28.19	934	26 10 100	onths Days	Hours Min.				
	10a.	USUAL OCCUPATION ( uring most of working life	Give kind of work	done 10b Kit	ND OF BUSINESS OR	INDUSTI	Y 11 BIRTHPLACE (State	ar fareign countr	(1)	12. CITIZEN OF	WHAT COUN	TRY?			
	ľ	TRUCK DRI		MAR	RIETTA T	RUCE	CING WAY	<b>NESBORO</b>	, PA.	U.S.	A				
	13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				_			
		JOHN RO	BERT FR	ALEY			KATHR	YN POPE	R						
.4		WAS DECEASED EVER IN	N U. S. ARMED FO		OCIAL SECURITY NO	17. IN	FORMANT		Address			_			
	1,41	NO	as give wor to polet or	21	7-30-625	8 1	RS BETTY	JUNE FR	ALEY C	CLEAR :	SPRING	, 1			
-		18. CAUSE OF DEATH	Enter only one cau	rse per line fa	r (a), (b), and (c).					INTER	VAL BETWEEN				
	Н	PART I. DEATH V	VAS CAUSED BY: MEDIATE CAUSE (o)	Fract	ures Of Si	len31	Left Femur	& Pelvi	5	3),	_hours_				
	П	1.5	DUE TO							74		baClif witholds			
	Н	Canditions, if any	which ) (b)	Traum	atic Dian	hragr	natic Hernia								
		gave rise to immediate (a), staling the unde	E conse			مروب									
	П	cause last.	material distances	Lacer	ation Of S	Splee	en								
	ž	PART IL, OTHER S	SIGNIFICANT CON	DITIONS CON	TRIBUTING TO DEAT	H BUT N	OT RELATED TO THE TERM	INALDISEASE CO	NDITION GIVEN I	N PART 1(o) 19	WAS AUTOP				
	CATION									Y	ES NO				
		PRIMARY DE OF CONTRE	WAS BUTING FI	6 DESCRIBE	HOW INJURY OCCU	RRED (Er	iter noture of injury in Par	t I ar Port II of tle	m 18.)						
	l ö	CAUSE OF DEATH.		n_coll	ision with	n and	other car go	ing in o	oposite o	directi	on.				
	MEDICAL	20c. TIME OF INJURY	Manth, Doy, Yes	20d. IN	JURY OCCURRED 2	De. PLAC	E OF INJURY (Home, form ry, street, office bldg., etc.	1, 120f. (City or to	wn)	(County)	(Stat	e}			
	MED	6-15 P.m 8	-23- <sup>19</sup> /	While of work	Not while		Line Rd. P		ananatle	Frankl	in Da				
		21. I certify that	I took chorge	of the re	moins describe	d obov	e, held an Autops	y X, Inspe	ction , I	nguiry ,	ond in i	my			
		opinion death res	ulted from: 1	Natural co	uses [], Acci	dent 🛭	, Suicide ,	Homicide [	. Undetermi	ned monne					
			001												
J		SIGNATURE E	WITTE	1	ELX		M.D. CHIEF MEDICALE	CAMINER [			DATE SIGNED				
	П	EXAMINER'S		0			ASSISTANT MEDIC	AL EXAMINER 🔲							
			E. W. Di	ttoJ	r		DEPUTY MEDICAL	EXAMINER 🔄	8-26	<b>-</b> 60					
	22a	BURIAL, CREMAT ON REMOVAL (Specify)	226 DATE THEREC	)F 2	2c. NAME OF CEMET	TRY OR	CREMATORY	226. LOCATION	(City, town, or co	unty}	(Stote)				
	and the same of	FUNERAL DIRECTOR'S SI	AUG 27	, 196	O ROSE H	ILL	CEMETERY	CLEA		IG WITH	6				
	1	J. J. FI	Vach	0	LEAR SPR	TNG	MT) DATE	G 2 SISTE	aile	in a. Them	Ž4				
	E .	272 1AM / / / /	9 411/1/13		LATTIMETE , DEFTE	I SULT	- IVIII - WAIL		1						

VS. A15ME 5M 2/57

TO DEPUT EDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any defendence executed certificate, writing the word "pending" is pendi in flem, 18. Give Pages 1, 2, and 3 to the factor 4 should forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be restricted FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State or its designated agent, prior to borial, cremation, or its designated agent, prior to borial, cremation, or removal, and in any event within 72 hours after death.



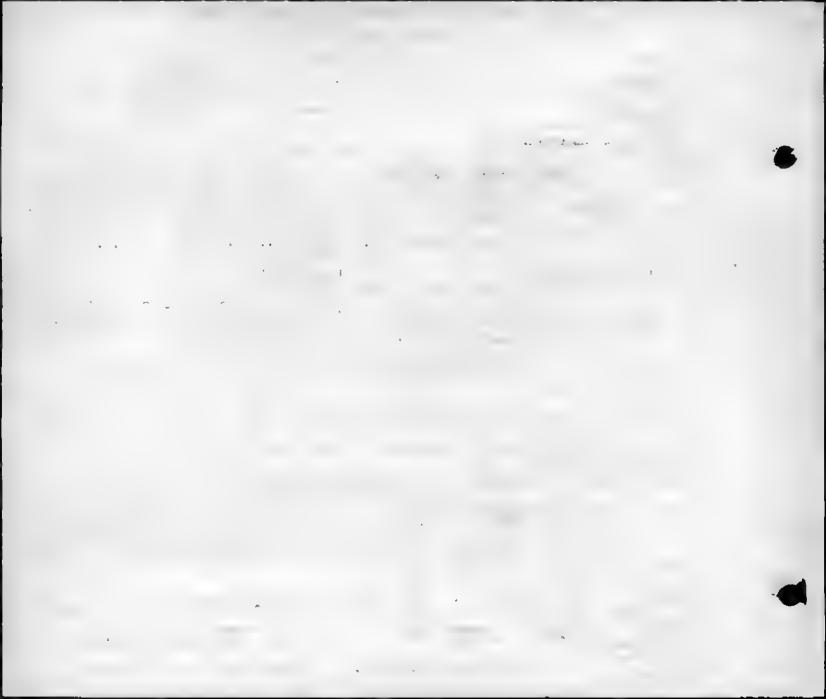
TO HOSPA

VS A15 (4) 15M 9/SS

#### 9667 CERTIFICATE OF DEATH **CERTIFICATE OF DEATH**

09647

m					CERTIFIC	AIL OF		Reg. Dist. No.						
1	PLACE OF DEATH O. COUNTY Washingto	on		· · ·	MARYLAND	2. USUAL R o. STATE Penr	ESIDENCE (WH	iere decease	d lived. b.	If instituti COUNTY Fran	on: Reside	ence befo	ore odmiss	ion)
	b. CITY OR TOWN (IF a RURAL and give near Hagerston	rest town}	ls, write	c. LENGT	H OF STAY IN 16		nesbor		orote limit	s, write R	URAL and	give ne	arest lawr	1)
1	d NAME OF HOSPITAL	. (If nat in haspital, g				d. STREE	T ADDRESS							FARM?
p		on County		ital		1/4"	Ridge						YES [	NO X
	3. NAME OF DECEASED (Type or print)	Canana		ee	Middle		Last	4. DATE OF DEATH		Mon		Do	•	Year
		George			Kreshma	8. DATE OF 8	IDTH	DEATH		Augus		P 1 YEAR		19 60 ER 24 HRS.
	Male	White	WIDOW		DIVORCED []		2, 189	,	God P	irthday)	Months	Days	Hours	Min.
ı	10a. USUAL OCCUPATION	(Give kind af wark o	lone 10b.							711	12 C	ITIZEN C	F WHAT	COUNTRY
	during most of workin  Machinist	g life, even if retired	_		Machine		red. C					U.S		
	13. FATHER'S NAME	•			1,44414110		R'S MAIDEN N					0.0	• 5%	
	CHARLES H	. FRESHI	1AN			1 1	DA MAR	RTIN						
	15. WAS DECEASED EVER		CES? 16.	SOCIAL SE	CURITY NO. 17.	INFORMANT				Add	ress			
	NO	, , , , , , , , , , , , , , , , , , , ,		173 0	3.09/3	MRS.	GEORG	E FR	ESHM	1AN	- SA	ME	ADDR	RESS
	18. CAUSE OF DEATH	*			•							INT	ERVAL BE	TWEEN
	PART I. DEATH	I WAS CAUSED BY: MMEDIATE CAUSE (o'	Bro	nchog	enic card	inoma of	right	lung	wi	th		011	SET AND	iths'
	163	DUE TO												
	Canditions, if any		ext	ensiv	e tumor n	etastas	is.							
	cattse (a), stating the													
	lying cause lost.	) (c		ONITRIGUE	NIC TO DEATH OU	T NIOT BELLEVED	TO THE TERM	BISSAS	F 600101	71014 011			0 1414.5	41170054
	САТІ	R SIGNIFICANT CON	01110142	ONIKIBUTI	ING TO DEATH BU	I NOI KELAIEU	10 INF LEKWI	NAL DISEAS	E CONDI	HON GIV	EN IN PA	.RI 1(a)	PERFO	RMED?
,		UNDERLYING [] CAUSE OF DEATH EDICAL EXAMINER;	20b. DES	CRIBE HOW	INJURY OCCURR	ED. (Enter natur	e of injury in F	Port I ar Par	t II af ite	m 18.}				
	20c. TIME OF INJURY	Manth, Day, Yes		NJURY OCC	1 8.	ACE OF INJUR	Y (Home, form	20f. (City	or town	)		(County)		(State)
	Haur a.m.	19	While of wor	k Ot wo	vhile '	icidiy, meei, oi	nos blug., etc.	1						
	21. I certify that	t I attended the	deceas	ed from.	March 22	. 19.6	Q, ta_Al	gust	7	1960	,that I	last se	ow the	deceased
					and that deat									
		60 7		160 F	0 111	r()		ADDRESS (S	treel, city	or lown,	state)		D#	ATE SIGNED
	ACTUAL SIGNATURE	other "		11/2	ne 111.C	who.						Aug	ust?	1960
	PHYSICIAN'S NAME (Type)	John H. K	ehne	, M.D.	131	W.WAshi	ngton	St	Hage	rsto	wnb	Id		
	22a. BURIAL, CREMATION, REMOVAL (Specify)	226, DATE THEREO	F	22c. NAA	AE OF CEMETERY	R CREMATORY		22d. LOCA					(State	e)
	Burial	8/10/60	)		en Hill			Wa	aynes		Per			
	23. FUNERAL DIRECTOR'S	SIGNATURE		ADD	RESS		24a. REC'I	D BY REGIST	TRAR 2		TRAR'S S		RE	
	Maller	4 1484	2	Wayne	sboro. Pe	enna.	DATE ALL	G 1 1 'E	60		1.2.7 8	There	ALA.	



urs after death. Page 4

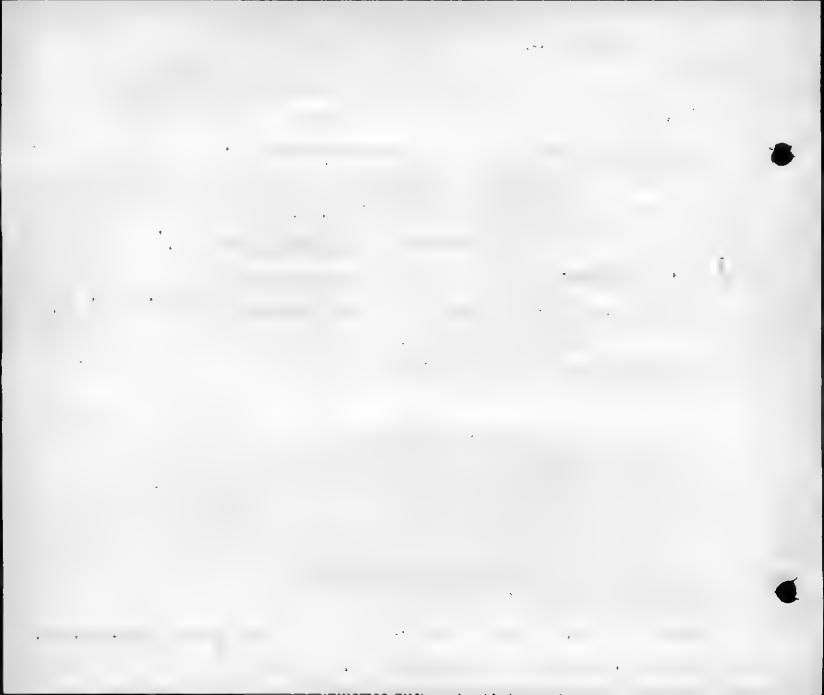
and 2 should be filed with

TO HOSPICATION ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 may be and by the hospital ar otherding physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fitted page 3 shauld be detached far use as the burial-transit permit. Then please remake carbon papers. Pages 1 at 8 State 8 Dard of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

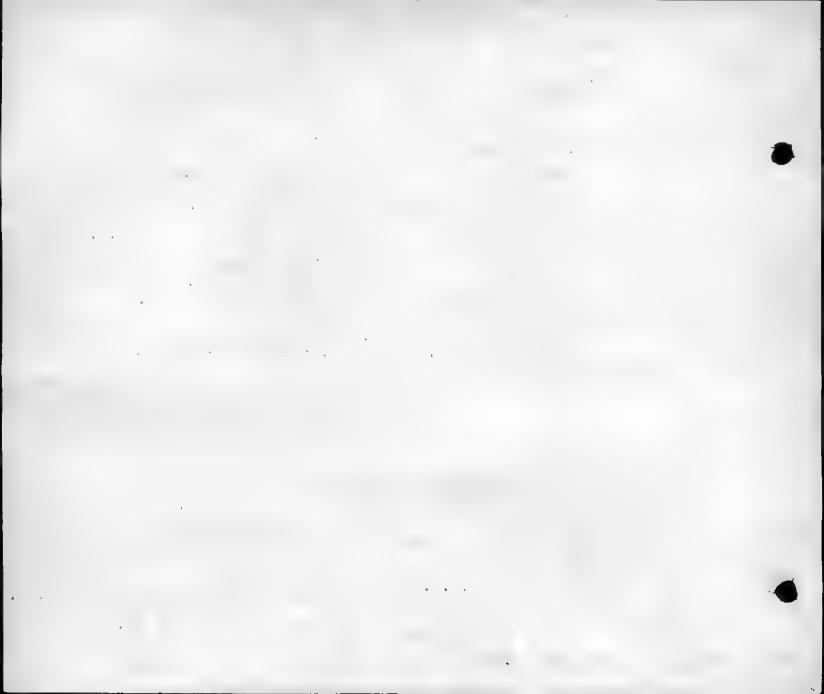
VR A1S (4) 1SM 9/S9

ŧħ	1 F	COUNTY				2. USUAL RESI	DENCE (Whe	ere deceased tive	d. If instituted b COUNTY	n Residence b	pefore admis	ision)	
1		ashingt	on	_	MARYLANG		Virginia Hampshire						
	ŀ	RURAL and give	(If autside carporate limits, nearest town)	write c. LENG	TH OF STAY IN 1	c CITY OR	OWN (If ou	utside corporate	limits, write R.	JRAL and give	nearest low	m)	
	H	agerato	wn	45	years						ic ne	CIDENICE	
7	•	OR INSTITUTION				d. STREET A					ON.	SIDENCE A FARM?	
1,000		Garlock	Convalesce	ent Hom	е	Mo(	oole	Ave.			YES	NO	
		NAME OF DECEASED	First		Middle	Lás	1	4. DATE OF	Mont	h	Day	Year	
		(Type or print)	MARY		ELIZAB		UNK	DEATH	_Augu		13	19 60	
	5. S	SEX	6. COLOR OR RACE 7	· MARRIED   N	EVER MARRIED	8 DATE OF BIRT	4		GE (In years ost birthdoy)	Manths Do			
		Female	White	VIDOWED	DIVORCED	Feby.	4, 1	879	81 yrs				
	10a	USUAL OCCUPAT	ION (Give kind of work do rking life, even if retired)	ne 10b. KIND OF	BUSINESS OR IN	DUSTRY 11 BIRTHPL	ACE (State o	ar foreign countr	Md.	12. CITIZEN	OF WHAT	COUNTRY	
		Housew	1 0	Own	Home	Keii	QI A	llegan		U	SA		
	13.	FATHER'S NAME				14 MOTHER S	MAIDEN N	AME					
	7	David 1	Reifer			Amana	A she	shke tt	10				
/			ER IN J. S. ARMED FORCE		ECURITY NO 17	INFORMANT		OHAC OU.	43 <sup>Adda</sup>	PSS WOO	h Q	4	
	٠.	No	(it yes, give war or pares or terv	Non	8	Miss Lyc	Ha F	unk	Hage	. Was	n. M	ă.	
		-	ATH   Enter only one cous				L-1, Ct	ulia		1	INTERVAL B	ETWEEN	
			ATH WAS CALISED BY.								onset and 15–30		
		-	IMMEDIATE CAUSE (o)_	Cerebra	ar abobre	ху					TD-90		
		G . 151 . 15	DUE TO	Arterio	sclerotio	disease,	cere	ebral			Indefi	nite	
		Conditions, if	immediate (										
		couse (a), stating											
)	-	lying couse lost	(-)										
	CATION		THER SIGNIFICANT COND				THE TERMIN	NAL DISEASE CO	NDITION GIV	EN IN PART 1	PERF	ORMED?	
			rioscleachtic l								YES [	] NO Z	
	CERTIF	OR CONTRIBUTIN	/AS UNDERLYING ☐ 2 G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	06. DESCRIBE HO	W INJURY OCCUI	RRED. (Enter nature o	finjury in P	ort i or Part II o	of item 18 )				
	SEL	20c TIME OF INJU	IRY Month, Day, Year	20d INJURY OC	CURRED 20e.	PLACE OF INJURY	Home, farm,	20f (City or I	awn)	_(Cau	nty)	(State	
	MEDICAL	Hauf To m	10		while vork	factory, street, offic	कोर्वेद्वा, स्टाटी	ידי די					
	_						105	0 to dea	ath	10	4h m4 (1)	town \ love	
			at (I) (this haspital)								, that (I)	4 2	
ĸ		22a. SIGNATURE	ased alive an Jani	nara Tia	QU, and tha	t death accurre	d of 4.5	MILTOOTH THE	causes and	d an the d		a abave	
		Ald. SIGNATURE	60	extell	condo	M D PHYS		D S RECTOR P	TAFF HYS 🗀		8-1	3- Q	
		22c PHYSICIAN'S NAME (Type)			-	22d ADDR		70.00	1 - 1				
		(Type)	Rober	rt F. Ke	eadle,	Hage	erstow	vn, Mar	yrand.				
	230		ON, 236 DATE THEREOF	23c N/	AME OF CEMETER	Y OR CREMATORY		23d. LOCATION	{City, town, o	r county)	(St	ate)	
	R	REMOVAL (Specif		160 R	ose Hil	1		Hagers	town	Wach	Co	Ма	
		FUNERAL DIRECTO			DRESS			BY REGISTRAR		TRAR'S S GN	ATURE	ALC:	
	8	ndrew K	Coffman	Ue		16 a	DATE A	ug 1 7 '60	C	relien E. 1	France		
	64	HOLEM V	COLLINATI	пар	erstown	Md	The letter	A.M. 2 4	1				



60

within 24



director shauld comple puo corban ç physicie remaye attending permit gned **burial-transit** 

VR A1S (4)

DIRECTOR:



TO HOSP

VR A15 (4) 1SM 9/59

09651

	1, PLACE OF DEATH a, COUNTY					2. USUAL RESID	DENCE (Whe	re deceased lived		: Residence bef	are admission)	
	7.7	hington		MARYL	AND		ryla		b. COUNTY W	ashin	rton	
	b. CITY OR TOWN (IF	autside carporate limi	ls, write c. I	LENGTH OF STAY II	N 16	c CITY OR T	OWN (If au	tside carparate li	mils, write RUF	AL and give ne	arest town)	
1	Hagerstow	m rest tawn)		4 week	8	Clear	ranri	ng (Ru	re T)			
	d. NAME OF HOSPITA	AL (If not in hasoital, a	ive street addr	(631)		d. STREET A		110 / 100	- CL - Z		e. IS RESIDEN	ICE
	Washingto	n County	Hospi	tal		Clear	rspri	ng RFD	#1		ON A FAR	M7
	3. NAME OF	Fire		Middle	J.F.	Losi		4. DATE	Manth	D	ay Year	-
ı	DECEASED (Type or print)	Mary	-	uise	Gu	essfor		OF DEATH	Aug.			60
1	S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		. DATE OF BIRTH		9 AC	E (In years		R IF UNDER 24	HRS
	Female	White	WIDOWED			ov. 9	1914	45	t birthday) yrs.	Manths Doys	Hours A	Ain
	100. USUAL OCCUPATIO	N (Give kind of work	dane 10b. KINI	D OF BUSINESS OR	INDUST	RY 11. BIRTHPL	ACE (State a	r foreign country	)	12. CITIZEN C	F WHAT COUN	ITRY
	Labor	ng life, even if retired		ndrv		Clea	rspri	ng Dis	t. Ma	II.S.	Α	
	13. FATHER'S NAME			J. C.		14. MOTHER'S				<u> </u>	10	
	Arth	ur Suffe	cool			M4 -	nerva	M111	S			
ľ	IS. WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16 5OC	IAL SECURITY NO.	17 IN	ORMANT	rrer. As		Addres			
	(Yes, no. or unknown) [I	f yes, give wor or dates of s	BLAICE)		Mr	Llov	d Gue	ssford	Clear	spring	g Md.异	PΙ
	18. CAUSE OF DEAT	TH (Enter anly one ca	use per une fa	ir (a), (b), and (c).]		1	7	7			TERVAL BETWE	EN
1	PART I DEAT	H WAS CAUSED BY:		- ). Bro. (	1/0	1810	10	Jun X	75. V	V ON	HET AND DE	
j	1700	IMMEDIATE CAUSE (a DUE TO			.47	TTVX	2110	- Maryon	26-1-		27/04	_
1					/							
	Canditians, if an	mediate			<del></del>							
	cause (a), stating t	he under- DUE TO										
	Z lying cause last.	J(c ER S-GNIFICANT CON		TRIBUTING TO DEAT	THE RUIT I	LOT BELATED TO	TUE TEDIAIN	IAT DISEASE CON	IDITION CIVE	IN PART 1(a)	10 WAS ALITE	)PCV
		ER MORNINGAMI COM	DITIONS COM	IKIBOTING TO DEA	111 007 1	401 KERATED TO	THE LEADING	INT DISTASE COL	D-11ON GIVE	A HALVE, I(n)	PERFORME	55
	20a ACCIDENT WAS	LINDEDIVING F	20h DECCDINI	E HOW INJURY OC	CHROED	/Catan natura a	f laurer in Ba	net Lor Port II of	itum IR )		YES NO	, L.
	OR CONTRIBUTING	CAUSE OF DEATH	200. DESCRIBI	E HOW HAJOKI OC	CORRED	fruier nature a	- injury in Fi	arri di ran ii di	LIGIN 10-1			
	ZOC TIME OF INJURY	Month, Day, Yes			Oe PLA	CE OF INJURY (I	Home, farm,	20f (City or to	wn)	(Caunty	) (5	State
	Haur a.m.	19	While at yark	Not while	1001	$\Delta L I$	, piog., cic.,		111	^		
	21. I certify that	t (I) (this hospital	attended	the deceased f	rom S	1721.	19	10	216	(Jb) . t	hat-{i} (we)	las
	saw the decease	Lang.	160			hib acquire	2300	M, from the	causes and		/ 111/	
	220 SIGNATORE	1) 10			(					1/	226 DA	
	1 Lac	14/10	1212	110/	N	LD PHYS	MEE DIR	ECTOR PH	YS \	173	160	SNE
	22c. BHYSIC AN'S	The f				22d ADDRE	SS			7/		
	NAME (Type)	//		1						/ /		
	23a BURIAL CREMATION	V, 236 DATE THEREC	)F 23	NAME OF CEME	ERY OR	CREMATORY		23d LOCATION	City, tawn ar	caunty)	(State)	
	Burial	Aug 5-	/-	ose Hil	1 C	emetery	F	Clears	pring	Md.		
	24 FLINERAL DIRECTOR'S	SIGNATURE /	2111	ADDRESS	1	Mil.	-	BY REGISTRAR	2Sb. REGIST	RAR'S SIGNATU	JRE	
	allert	Tent .	Vill	comspo	21	1 Ma	DATEAUG	8 '60	Cuth	wy S. Kray	. 4	
					/_							



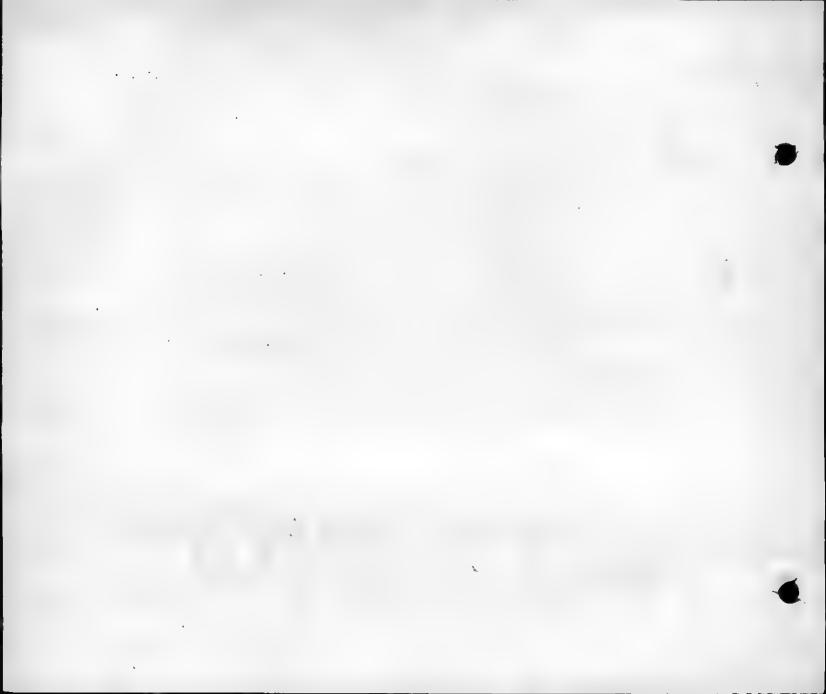
# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

09652

1	1. P	LACE OF DEATH . COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
/	°	VASHINCTON	O. STATE  ALARVEAND  b. COUNTY WASHINGTUSS
	t	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
1	0	NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
-		OF INSTITUTION HOTELE OF THE	VILLIAMSFORT MP KI YES NO
	3. 1	IAME OF First ' Middle PECEASED	Last 4. DATE Month Day Year
		Type or print) WAVEL RICHALD . F	TARKELC DEATH AGULST. 21. 1960
	5. S	EX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9 AGE (In years lost birthday) Months Days Haurs Min.
		MALE WHITE WIDOWED DIVORCED	ALCO 27.1966 Months Doys Haurs Min.
	10a	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU during most of working life, even if retired)	STRY 11 BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
_		NONE	HACERSTOWN WASHICO. M.D. U.S.A.
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1		THIOUD HARRILL	ALICE DAVIS
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 III	NFORMANT Address
	_	No Nanto 11	LOYD TRAKRELL VILLAR VICTOR MORE
		18. CAUSE OF DEATH [Enter only one couse per ) me for (b), (b), and (c)	1 - Vo Alinterval Between
		PART I. DEATH WAS CAUSED BY MAMEDIATE CAUSE (o)	d anound week contractation, I day
		. DUE TO	
		Conditions, if any, which ) (b)	
		gove rise to immediate couse (a), stating the under-	
	_	lying couse lost. ) (c)	
	CATION	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
1	FICA	TO ACCIDENT MAN IN THE PROPERTY OF THE PROPERT	YES NO
	CERTI	20s. ACCIDENT WAS UNDERLYING ☐   20s. DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER; )	D. (Enter noture of injury in Port I or Port II of ilem 18.)
	List	· · · · · · · · · · · · · · · · · ·	ACE OF INTHIBY HAVE FORM TOOK ICH.
	MEDICAL	Hour a m While Nat while fo	ACE OF INJURY (Home, form, 20f (City ar town) (County) (Stote)
	¥	p m. 19 g/work at work	HIS NEW PROPERTY
i		21 I certify that (I) (this haspfield attended the deceased from	7120 9 19 to 27 609 that (1) (we) last
1		saw the deceased dive and 120 m., and that a	debth accurred at M. from the cause and an the date stated above
		TITLE CALL	ATTENDING MED STAFF SIGNED
			M.D. PHYS. DIRECTOR PHYS. 22d, ADDRESS
		NAME (Type)	
	230	BURIAL CREMATION, 236 DATE THEREOF 230 NAME OF CEMETERY C	OR CREMATORY 23d LOCATION (City, tawn, ar county) (State)
	-	REMOVAL (Specify) ALG. 31-19:00 LEST HAV	IN TOP HACE OF TOWN X
21	24.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D PORPGISTRANO 256 REGISTRANS SIGNATUREMA
		L' MAN A LANGE TO L'OCHVERT	DATE SED 6 '60 Gallus S. Kraus
		2081288×V4	38211
		2001285×14	

TO HOSPI OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 the may be used by the haspitol or ottending physician.

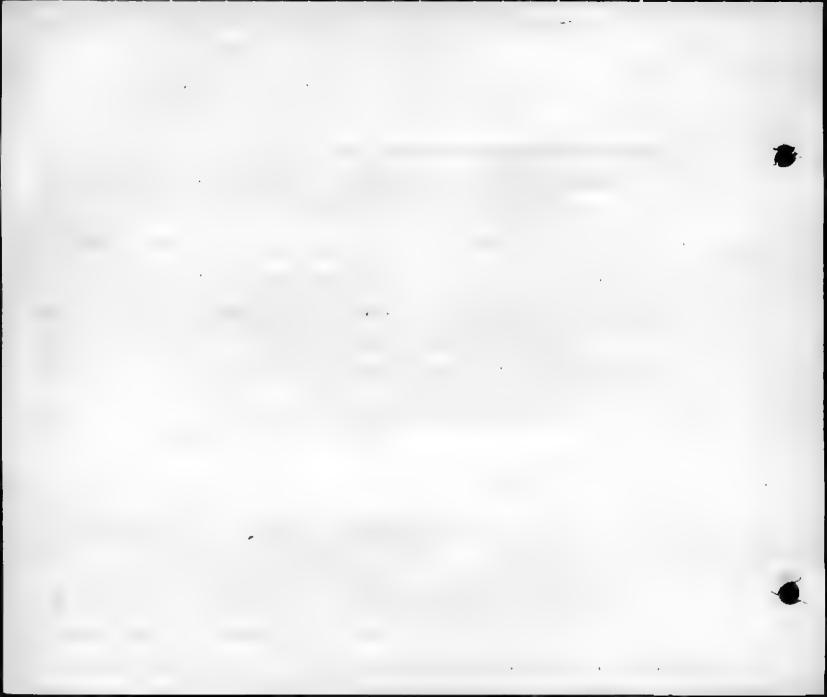
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by page 3 should be detached for use as the burial-transit permit. Then please remove corban pages 1 and 2 the State Board of Health priar to burial, crematian, ar removal, and in any event, within 72 haurs after death. VR A1S (4) 15M 9/59



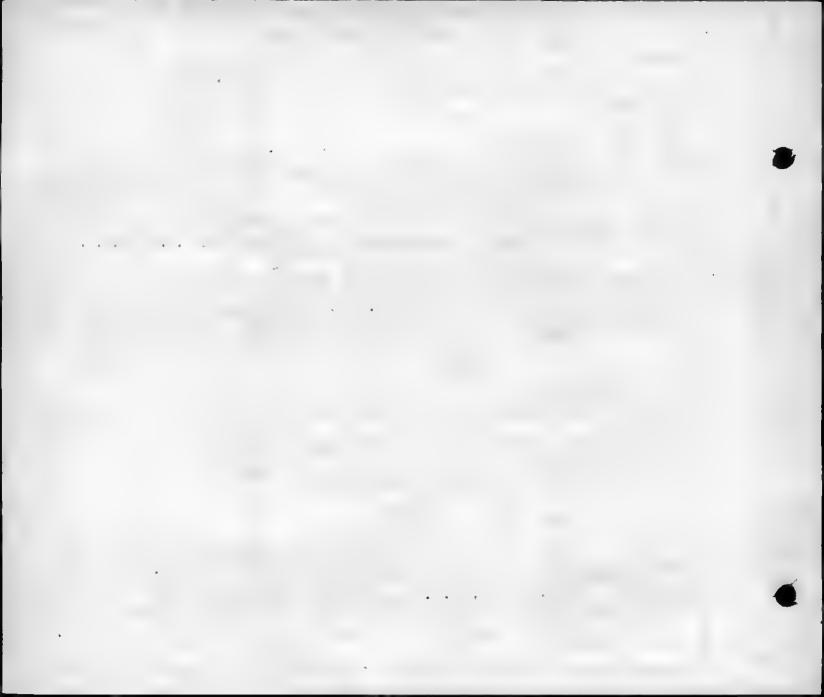
	CERTIFICATE OF DEATH 302
(IV	1. PLACE OF DEATH 0. COUNTY  MARYLAND  2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) 0. STATE  b. COUNTY
	Washington  b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  RURAL and give nearest town)  C CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
1	Boonsboro  d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
4	Fahrney-Keedy Home for the Aging East Baltimore
	3. NAME OF First Middle Lost 4. DATE Month Day Year OF
	(Type or print)  10 LIE ELLEN HARSHMAN  5 SEX  6 CO.OR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH  9. AGE (In yeors
	lost birthdoy) Manths Doys Haurs Min
	100 USLAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired)
)	Housewife Own Home Wolfesville Fred Co Md USA
/	
	Nathan Eccard Charlotte Gaver  Is was deceased ever in U. S. Armed Forces? 16 Social Security No. 17, INFORMANT Address  Address
	(If yes, give war or dates of service)
	No None Mr. William Harshman, Chewsville Md
	18 CAUSE OF DEATH [Enter only one cause per line for (o), (b), ond (c) ] PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (0) Ayanaming alais Valence William 10 gets
	THOX DUE TO
	Canditions, if ony, which (b) War Neumola & Will
	gove rise to immediate DUE TO
	lying couse last. (c)
-	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO
	200. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)
	ZOC. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Factory, street, office bldg., etc.) (County) (State
	Hour o. m.  While Not while of work at work 19 of work
	21 I certify that (I) (this haspital) attended the deceased from June VS., 1960, ta June, 1960, that (I) (we) last
1	saw the deceased alive any select 31_1969, and that death accurred at R.M. from the causes and an the date stated above
- 4	220 SIGNATURE 22b DATE
- /	M.D. PHYS DIRECTOR PHYS.
	22c PHYSICIAN'S 22d ADDRESS
	NAME (Type) G. W. Levan Boundous And
	230 BURIAL, CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (Stote)
192	REMOVAL (Specify)
	Burial 8/4/60 Dunkard Cemetery Beaver Creek Wash Co Md 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250 REC'D 8Y REGISTRAR 255. REG. STRAR'S S.GNATURE
	Andrew K. Coffnan, Hagerstown Md DATEANG 5 '60 Outling & House

R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haves after death. Page 4 d by the hospital or ottending physician.

TO HOSP VR A1 15M



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



9673

We shington 6. CITY OF DOWN If another capported limit, write 6. CITY OF TOWN If another capported limit, write 7. CITY OF TOWN If another capported limit, write 8. CITY OF TOWN If another capported limit, write 8. CITY OF TOWN If another capported limit, write 8. CITY OF TOWN If another capported limit, write BURAL and give necercal town) 13. Has great town 13. Has great town 14. Has great town 14. Has great town 15. EXEMPTION 15. The control of the c	1.	PLACE OF DEATH						2. USUAL RESID	ENCE (Wh	ere decease	d lived. If instituti	on: Residence	before o	admission)
Right and give morest form   Hagerstown R # 3	L		ngton			MARYL	AND	Mary			ashingt			
Hagerstown R # 2  d. NAME OF DESTINATING IN on hospital   Visit Review of Steet Address   Visit Review of Visi		<ol> <li>CITY OR TOWN (If RURAL and give ner</li> </ol>	outside corporate limi grest town)	ts, write			N 16	c. CITY OR T	OWN (If o	utside corpo	prole limits, write R	URAL and giv	re neares	t town)
d. NAME OF HOSEITAL (II not in hospital give treet address) OR INSTITUTION  WEIGH COUNTY HOSPITAL  S. NAME OF HOSEITAL (II not in hospital)  S. SEX  S. NAME OF FIRST  FIRST  S. NAME OF CACAGOR OF RACE  S. NAME OF CACAGOR	L				13	Hrs		X. Ha	gers	town	R # 2			
Wash County Hospital	ı	d. NAME OF HOSPITA		ive street	oddress)			d STREET AL	DORESS				e	S RESIDENCE
Decrease (Type or prim)  S SEX  A. COLOR OF RACE  Male  White  Widowed D  DIVERT MARRIED  NEW MA	L		unty Hos	oita	l			" Gate	way	Conv	Home			
Type or print    JAMES   RILEY   HOSE   DATE OF BIRTH   Set   A. COLOR OF RACE   7. MARRIED   Never MARRIED   Never MARRIED   Sept 23 1895   9. AGE (in year)   Months   Day   Mour Minth   Windows   Divorce   Sept 23 1895   9. AGE (in year)   Months   Day   Mour Minth   Day   M	3.	NAME OF DECEASED	Fir	sl		Middle		Last		4. DATE	Mor	ith	Day	Year
Male White widowed Divoked Divoked Sept 23 1895 [sq. kindor yr. Months Days Hour Min. 2007]  To USLAL OCCUPATION (Give kind of work done down during mole of working divoked and working divoked divoked and working divoked divoked and working divoked d			JAMES		RII	EY		HOSE		DEATH	August			
TO USUAL OCCUPATION (Give kind of work done 10b. Kind of Business or Industry 11. Birthflace (Stole or foreign country)    Truck Driver   County Roads   Rockdale Wash Co.Md.   12. CITIZEN OF WHAT COUNTRY   13. FATHER'S NAME   14. MOTHER'S NAME   14. MOTHER'S NAME   14. MOTHER'S NAME   15. MAS DECASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   Address   16. Mary Land   16. Mary Land Land Land Land Land Land Land Land	S			7. MARR	IED 🗌 NE	VER MARRIED		_			9. AGE (In years last birthday)			
Truck Driver County Roads Rockdale Wash CorMd. USA  13. FATHER'S NAME  Samuel Hose		Male	White	WIDOWI	<b>⊉</b> .d	DIVORCED		Sept 2	13 18	395	64 yrs.	Monins L	Adys	Jours Min.
Truck Driver   County Roads   Rockdale Wash Co rMd.   USA	ï	o USUAL OCCUPATIO	IN (Give kind of work	done 10b.	KIND OF B	USINESS OR	INDU	STRY 11. BIRTHPL	ACE (Stote	or foreign (	cauntry)	12.CITIZI	EN OF W	HAT COUNTR'
13. FATHER'S NAME  Samuel Hobe	ı			C	oun tr	v Road	ds	Rockd	ale	Wash	Co rMd.		US	A
No 214-09-2411 Mrs Mary M. Miller Clearspring R# 1    R. CAUSE OF DEATH   Enter only one couse par line for (a), (b), and (c).   Maryland   Interval Between   No 214-09-2411   Mrs Mary M. Miller Clearspring R# 1    R. CAUSE OF DEATH   Enter only one couse par line for (a), (b), and (c).   Maryland   Interval Between   Noser And Death   I day	13							14. MOTHER'S	MAIDEN N	IAME				
No 214-09-2411 Mrs Mary M. Miller Clearspring R# 1    R. CAUSE OF DEATH   Enter only one couse par line for (a), (b), and (c).   Maryland   Interval Between   No 214-09-2411   Mrs Mary M. Miller Clearspring R# 1    R. CAUSE OF DEATH   Enter only one couse par line for (a), (b), and (c).   Maryland   Interval Between   Noser And Death   I day	1	Samiel	Hose						E112	abet	h Suman			
No   214-09-2411   Mrs Mary M. Miller Clearspring R# 1	1	. WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SE	CURITY NO.	17. IN					ress		
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Due to Conditions, if ony, which gove rise to immediate couse (p), stating the under lying cause lost.  Part II. Other significant conditions contributing to death, but not related to the terminal disease condition given in part 1(o) 19 WAS AUTOPS PERFORMED? YES NO CONTRIBUTING CAUSE of Death (if either, Notify Medical examiner)  OR ACCIDENT WAS UNDERVING DEATH (If either, Notify Medical examiner)  OR CONTRIBUTING CAUSE of Death (if either, Notify Medical examiner)  OR CONTRIBUTING (Ause of Death (if either, Notify Medical examiner)  OR CONTRIBUTING (Ause of Death (if either, Notify Medical examiner)  OR CONTRIBUTING (Ause of Death (if either, Notify Medical examiner)  OR CONTRIBUTING (Ause of Death (if either, Notify Medical examiner)  OR CONTRIBUTING (Ause of Death (if either, Notify Medical examiner)  OR CONTRIBUTING (Ause of Death (if either, Notify Medical examiner)  OR CONTRIBUTING (Ause of Death (if either, Notify Medical examiner)  OR CONTRIBUTING (Ause of Death (if either, Notify Medical examiner)  OR CONTRIBUTING (Ause of Death (if either, Notify Medical examiner)  OR CONTRIBUTING (Ause of Death (if either, Notify Medical examiner)  OR CONTRIBUTING (Ause of Death (if either, Notify Medical examiner)  OR CONTRIBUTING (Ause of Death (if either, Notify Medical examiner)  OR CONTRIBUTION (City, Iown, or county)  OR CONTRIBUTION (Ause of Death (if either, Notify Medical examiner)  OR CONTRIBUTION (Ause of Death (if either, Notify Medical examiner)  OR CONTRIBUTION (City, Iown, or county)  OR CONTRIBUTION (Store)  OR CONTRIBUTION (City, Iown, or county)  OR CONTRIBUTION (Store)  OR CONTRIBUTION (City, Iown, or county)  OR CONTRIBUTION (Store)  OR CONTRIBUTION (City, Iown, or county)  OR CONTRIBUTION (Store)  OR CONTRIBUTION (Store)  OR CONTRIBUTION (City, Iown, or county)  OR CONTRIBUTION (Store)  OR CONTRIBUTION (City, Iown, or county)  OR CONTRIBUTION (Store)  OR CONTRIBUTION (City, Iown, or county)  OR CONTRIBUTION (Store)  OR CONTRIBUTION (City, Iown, or county)  OR CONTRIBUTION (City Iown)  OR CONTRIBU	ı	PART 1. DEAT	TH WAS CAUSED BY	. Sh	ock				- J					
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21 I certify that (I) (this haspital) attended the deceased fram. 8/25/60 19	8	(IF EITHER, NOTIFY	MEDICAL EXAMINER)											
21 I certify that (I) (this haspital) attended the deceased fram. 8/25/60 19	1	20c. TIME OF INJURY	f Month, Day, Ye	or 20d II	NJURY OC	URRED					y or town)	(Co	unty)	(Stol
21 I certify that (I) (this haspital) attended the deceased fram. 8/25/60 19	L Cu	Hour a.m.	19				for	ctory, street, office	bldg., etc	1				
saw the deceased clive on 8/25/60 19 and that death occurred at 5A M, from the causes and an the date stated above.  22a. SIGNATURE  22b. DATE 22c. PHYSICIAN'S  NAME OF CHARGES, M.D.  22d. ADDRESS, NAME OF CEMETERY OR CREMATION, Md.  23d. BURIAL, CREMATION, REMOVAL (Specify)  Burial  23d. DATE THEREOF  23c. NAME OF CEMETERY OR CREMATORY  23d. LOCATION (City, fown, or county)	1	1	- /15 //12 1 7					0/05/00			0/00/0	A 10		415.4
226. SIGNATURE  226. SIGNATURE  226. DATE  226. PHYSICIAN'S  NAME (Type) A DEPTHYS DIRECTOR D														
ATTENDING MED DIRECTOR STAFF   8/26/60  22c. Physician's No. Weeks, M.D.  23d. Burial, Cremation Removal (Specify)  Burial 8/28/60  23d. Name Of Cemetery Or Crematory  Burial 8/28/60  23d. Name Of Cemetery Or Crematory  Burial 8/28/60  23d. Name Of Cemetery Or Crematory  Burial 8/28/60  23d. Date Thereof Rose Hill Cemetery  Burial 8/28/60  23d. Recidery Registrar 125b. Registrar's Signature  24 FUNERAL DIRECTOR'S SIGNATURE	,		ed alive an QZ_	20/0	4 19_	and t	that c	leath accurred		.M, fram	the causes ar	nd an the	date si	
22c. PHYSICIAN'S NAME (TYPE AND IN A WOORLD NO. WOORLD		220. SIGNATURE	-20 M	2,1,0	m	1.6		ATTENDING	- M	ED _	STAFF		0/	SIGNE
Name of Cametery or Crematory  Burial 8/28/60  No Potomac St., Hagerstown, Md.  230 BURIAL, CREMATION REMOVAL (Specify)  Burial 8/28/60  Rose Hill Cemetery  ADDRESS  1250 REC'D BY REGISTRAR 255, REGISTRAR'S SIGNATURE  ADDRESS  1250 REC'D BY REGISTRAR 255, REGISTRAR'S SIGNATURE	ı	22c PHYSICIANIS	Teman .	( VD	(7	MUNICAL				RECTOR L	PHYS [		8/	20/00
230 BURIAL CREMATION REMOVAL (Specify) 8/28/60 Rose Hill Cemetery Hagerstown, Maryland  24 FUNERAL DIRECTOR'S SIGNATURE  ADDRESS 1250. REC'D BY REGISTRAR 255. REGISTRAR'S SIGNATURE	L		d N. Wee	ks. M	-D4			136	N. Po	toma	c St., H	agers	tow	n, Md.
REMOVAL (Specify) Burial 8/28/60 Rose Hill Cemetery Hagerstown, Maryland 24 FUNERAL DIRECTOR'S SIGNATURE  ADDRESS 125g. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	=													
Burial 8/28/60 Rose Hill Cemetery Hagerstown, Maryland  24 FUNERAL DIRECTOR'S SIGNATURE  ADDRESS JOSE REC'D BY REGISTRAR JOSE, REGISTRAR'S SIGNATURE	2.		- 1 - 1	)Ł						23d LOCA	CTION (City, town,		7.0	-
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR'S SIGNATURE	-	Burial					1 (	emetery			erstown,	Mary	Tan	a
	2.								25a. REC'	D BY REGIS	160 255, REG	STRAR'S SIGI	NATURE	LA.

AUG 3 0 '60

Andrew K. Coffman Hagerstown Md.

then please remove carbon papers. Pages 1 and 2 should be the with **D FUNERAL DIRECTION** After this captificate has been signed by the attending physician and campletely filled page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 haurs after death. TO HOSP may be VR A15 (4) 1SM 9/59

OR ATTENDING INVSICIAM: The law equires that the death certificate be executed within 24

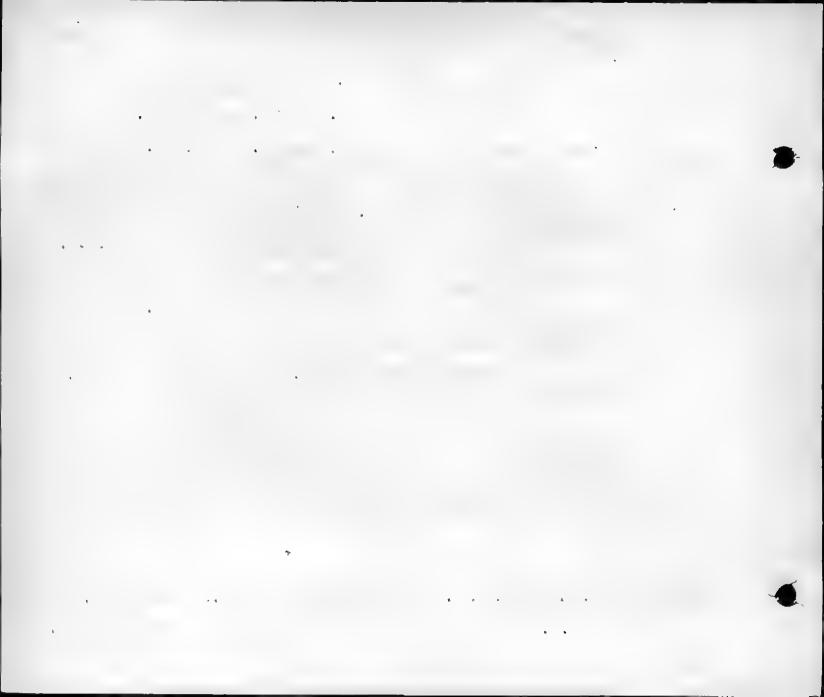
rs after death. Page 4



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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F	-		24	FUNERAL DIRECTOR	S SIGNATURE		1 / ADD	RESS	-			D BY REGIST		b. REGISTRA	ar's sign 	ATURE	
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

096572 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) b. COUNTY MARYLAND ASHINGTON c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) OONSBARD d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO T TOMAS 4. DATE Lost Day Yeor DEATH 19 60 UGGIS IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH 9. AGE (In years last birthday) Months 12. CITIZEN OF WHAT COUNTRY? NEVOLA WASH. Co. NID. W.S.A 14 MOTHER'S MAIDEN NAME DENSLAGER INTERVAL BETWEEN ONSET AND DEATH 1-27-62

b. CITY OR TOWN (If outs de corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give negrest town) AGE BSTOWN d. NAME OF HOSPITAL (If not in hospitor, give street address)
OR INSTITUTION NAME OF Middle DECEASED (Type or print) 5 SEX 7- MARRIED NEVER MARRIED + EMALE WIDOWED IX DIVORCED [ 106. JSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) during most of working life, even if retired) 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT JOONSBUROMD NONE CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO 7-17-60 Conditions, if ony, which gove rise to immediate DUE TO couse (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 2 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I ar Part II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) Day, Year 20d INJURY OCCURRED (County) (State) Haur a.m. foctory, street, office bldg., etc.) While Nat while D. m. ot wark at work 21 1 certify that (1) (this haspital) attended the deceased fram, 1960 that (1) (we) last saw the deceased alive an and that death accurred at the from the courses and an the date stated above. 220 SIGNATURE 22b, DATE ATTENDING PHYS. -DIRECTOR PHYS. PHISTCIAN'S 22d, ADDRESS NAME (Type) 23b DATE THEREOF 23a BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, lawn, or county) (State) REMOVAL (Spec fy) JURIA. AUC.7,1960 24. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 250 PECID BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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VASHINGTON

PLACE OF DEATH

o. COUNTY

OCNSBORD

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Circhar & Thomas

TO FUNERAL VR A1E (4) 15M 9/59

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DIRECTOR:

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# MARYLAND STATE DEPARTMENT OF HEALTH 9703 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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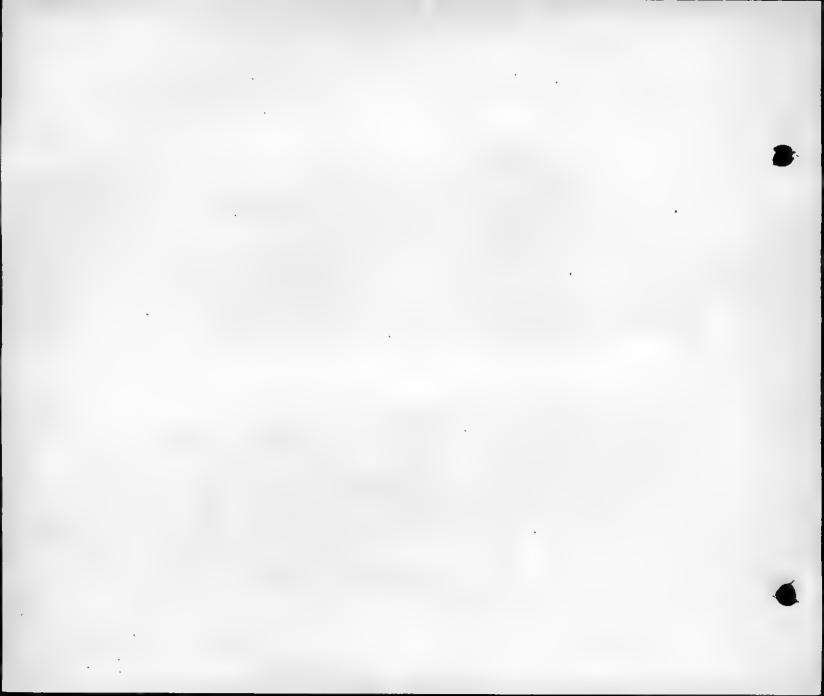
17. SECONDAR

TO HOSP OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 the safter death. Page 4 may be fined by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral directory page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or remaval, and in any event, within 22 haurs after death.

VR A15 (4) 15M 9/59

1. PLACE OF DEATH COUNTY MARYLAND MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY A CHANGET OF THE COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)
[JOONSBORD   FIFE	X LICONSBOKE
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS  o IS RESIDENCE ON A FARM?
SOUTH MAIN SI'	SCUTH MALLY ST YES NO
3. NAME OF First Middle	Lost 4. DATE Month Day Year
(Type or print) WILLIAWI THOMAS	TAVRE DEATH AUGUST - 27 19 CC
5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF JNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) Months Days Hours Min
ASALE WIDOWED DIVORCED	MALIA 15 1879 (lost birthdoy) Months Doys Hours Min
100 USJAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU	ISTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY?
during most of working ife, even if retired)  Thick FARMER FRUIT-PRODUCT	EDONASTORO WASH CO NID 4 S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
CTHO SI ITNURE	MARY SMITH
	NFORMANT Address
(Yes no or yethnown) (If yes give war or dates of service MCNE	KS CRACE ITALYPE BORNEBORD MD
1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH,
PART I DEATH WAS CAUSED BY: # Teles Carc.	nour of Housen 6 worth
DUE TO	
1 / 3 / X	V
Conditions, if ony, which (b).	
couse (a), stating the under-	
lying couse lost. (c)	
	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
3 june of get and enough	YES NO 🔼
200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRIOR OR CONTRIBUTING   CAUSE OF DEATH	ED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while of work of work	LACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
Hour p. m. While Not while for work of work	octory, street, office bldg., etc.)
21. I certify that (I) (this haspital) attended the deceased from.	Usel 15 19 6 9 to April 2) 19 6 9 that (1) (we) last
21. I certify that (!) (this haspital) attended the deceased from.	17. 17. 17. 17. 17. 17. 17. 17. 17. 17.
saw the deceased alive an August 27 1960, and that	death accurred at M, fram the causes and an the date stated above
220 STONATURE TALL	ATTENDING MED STAFF D /CO /CO SIGNED
22c PHYSICIAN'S	M.D. PHYS DIRECTOR PHYS B 8/22/60
NAME /Type)	
Joseph Secondari	Boonsboro, Mar, land
230 BURIAL, CREMATION, 236 DATE THEREOF 23c, NAME OF CEMETERY (	OR CREMATORY 23d. LOCATION (City, town, or county) (State)
PORTAL 8-30-60 LOCKSBORE	CH METERY 1: 100NSBOLD WASH. 20 MID
24. FUNERAL DIRECTOR'S SIGNATURE ] ADDRESS	250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
Para TI FRET 1-500 NSBOT	7 / M D DATASEP & TOB Shitting & Krasson



		9675		ATE OF DEA		IMORE, 18		096	59
1	PLACE OF DEATH			2. USUAL RESIDENCE		<del></del>	Reg. Dist.		sian)
	a. COUNTY	SHINGTON	MARYLAND	CTATE	RYLAND	b. COUNTY		INGTO	
	RUPAL AND TOWN (	If auts de carparate limits, write	29 YRS.		(If autside carpord	ate limits, write RU	RAL and give	nearest taw	1)
		TAL (If not in haspital, give street WASHINGTON S	address)	710 W.	_	GTON ST			FARM?
3	NAME OF DECEASED (Type or print)	MAURICE	NEEDY	JOHNSON	4. DATE OF OF DEATH	AUGUS		7.0	Year 19 60
S	MALE	6. COLOR OR RACE 7. MAR WIDOW	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 2/1/190	_	_	F UNDER 1 YI Manths Da	_	R 24 HRS. Min.
L	TOOL &JI	ON (Give kind of work dane 10b king life, even if retired) G WORKER	KIND OF BUSINESS OR INDU AIRCRAFT COR	P. MARY	LAND	untry)		S.A.	OUNTRY?
)	3. FATHER'S NAME BENJAN	IN F. JOHNSO	N	CORA					
1:	S. WAS DECEASED EVI	ER IN U. S ARMED FORCES? 16  If yes, give war or dates of service)		MRS. HELE	n s. jo	HNSON Addre	MAGER	STOWN	
	Canditians, if a gave rise to a cause (a), stating lying cause last.	the under-	Carcista	Re	chim			INTERVAL BE	DEATH
CEDTIELCATION	PART II. OT	HER SIGNIFICANT CONDITIONS  AS UNDERLYING   206. DES	CONTRIBUTING TO DEATH BUT				V IN PART 1(c	a) 19. WAS PERFC YES	RMED?
		CAUSE OF DEATH	TOWN WOOM OCCORD	D (Elifer Halbre & Intol	, III 1 401 T 41 T 401	17 ds (1011 101)			
AVEDICAL	20c. TIME OF INJUI Have a.m. p. m.	RY Manth, Day, Year 20d. While at wa	Nat while far	ACE OF INJURY (Hame stary, street, office bldg.	farm, 20f. (City of etc.)	ar tawn)	(Caui	nty)	(State)
	21. I certify the	hat I attended the decea	sed from 7-1	-, 19 <i>5</i> /2, to	8-1	6-, 1960,11	nat I last :	saw the d	leceased
	ACTUAL SIGNATURE	5a/8	and that death	accurred at		he causes and eet, city ar town, st			above
	PHYSICIAN'S NAME (Type)	MEWAT	7Fo 9		1			- / /	160
2	2g. BUR AL, CREMATIC REMOVAL IS DOC'TY BURTAL		ROSE HILL	CEM.		ON (City lawn, or RSTOWN	caunty)	(Stat	re)
6	9. FUNERAL DIRECTOR	S SIGNATURE	Tarrs on	Zu DATE	AUG 2 2 16	Δ	RAR'S SIGNA		

TO HOSP OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 so after death. Page 4 may be found by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar remayal, and in any event within 72 haurs after death.

VS A1S (4) 1SM 9/SB



VS. A15ME(5) 5M 9/55

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Artificate, writing the ward to the Chief Medical El

necessary, please exeror. Page 4 shauld be

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alang with far burial-transit

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Page 5 r

puo



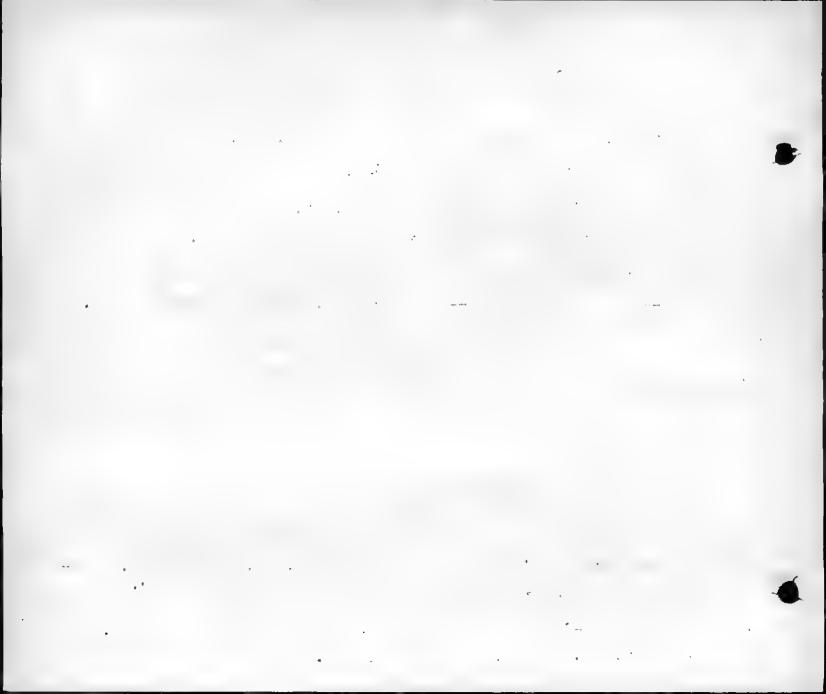
#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

09661	()	9	6	6	1
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L					Reg. Dist. No.
1	· COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Whe	ere deceased lived. If institution and b. COUNTY	Residence before admission) Washington
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn) LIAGETSLOWN	LENGTH OF STAY IN 16	Hagers	itside corporate limits, write RU COWN	RAL and give nearest tawn)
	d. NAME OF HOSPITAL (If not in hospital, give street odd OR INSTITUTION Washington County Hosp	ital	street address 112 S.	Prospect	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print) Louise	May Middle	Cerney last	4. DATE Month OF August	24 19 60
5	Female White Widowed		B. DATE OF BIRTH  Jan. 26, 18	last birthdoy)	FUNDER 1 YEAR IF UNDER 24 HI Months Days Hours Min
10	Oo. USUAL OCCUPATION (Give kind of work done lob. KIN during most of working life, even if retired)  House Vire O	ND OF BUSINESS OR INDUS		or foreign country)	12. CITIZEN OF WHAT COUNTR
13	3. FATHER'S NAME		14. MOTHER'S MAIDEN N		
	Silas Shifler		Est	ella Mc Dade	9
15	5. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no, or unknown] [If yes, give wer or deles of service]		Mormant Lden L. Kern	ley Hagersto	
	Conditions, if any, which gove rise to immediate couse (a), stating the under lying cause last.  DUE TO  DUE TO  (b)  DUE TO	malized	otterischen	al.	years
ICATION.		litur			N IN PART I(o) 19. WAS AUTOPS PERFORMED? YES NO [
CEDTIS	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	BE HOW INJURY OCCURRED	D. (Enter nature of injury in Po	art I or Port II of item 18.)	
MEDICAL	20c TIME OF INJURY Month, Doy, Year 20d INJU Hour o.m. 19 at work	JRY OCCURRED 20e. PL/ Not while at work	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City or tawn)	(County) (Stot
	21. I certify that I attended the deceased alive an		accurred at 11:25	Prom the causes and ADDRESS (Street, city or town, s	hat I last saw the decease I an the date stated above total DATE SIGNI
	SIGNATURE JOHN C. Stanf	for		S. Prospect	St. 8-26-
	PHYSICIAN'S John C. Sto	uffer	He	igerstown I	Md .
2.	PEMOVAL (Specify)	Rose Hill		22d LOCATION (City, town, or	county) (Stote)
23	3. FUNERAL DIRECTOR'S SIGNATURE Scott F. Minnich & Son	ADDRESS	24a REC'D	BY REGISTRAR 245. REGIST	TRAR'S SIGNICTUREA

TO HOSP OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 they after death. Page 4 may be a large by the hospital an attending physician.

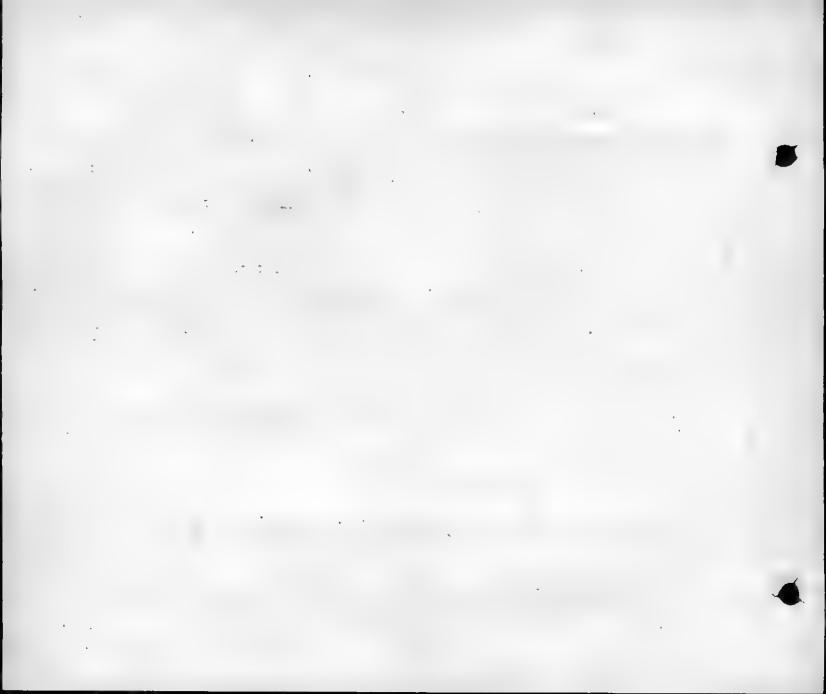
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, and a should be detached for use as the burial-tronsit permit. Then please remove carbon papers. Pages I and 2 should be filed with

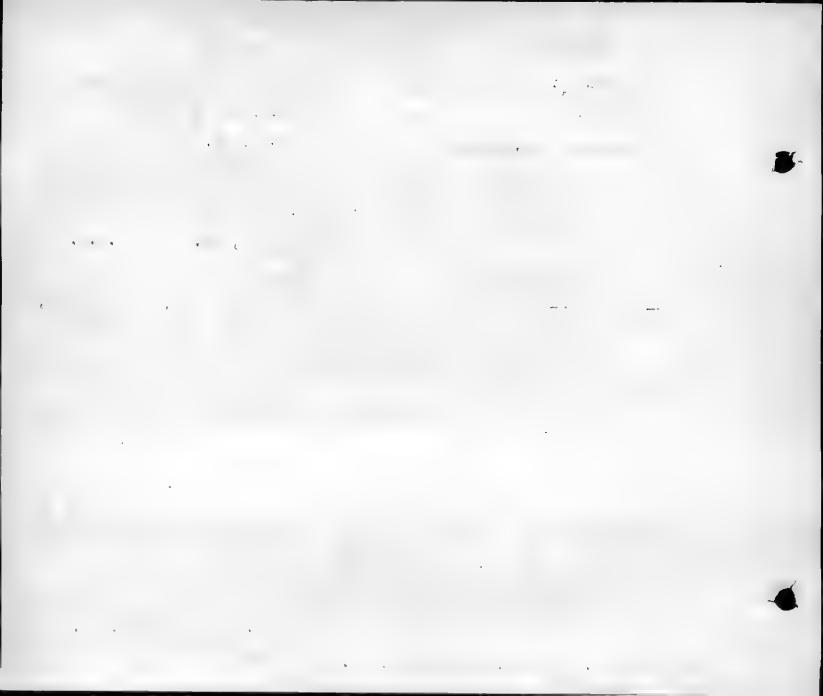


	1		MAKTLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
4	2.E	L	9677 CERTIFICATE OF DEATH	Dist. No. 09662
death: Page	uneral directa	1. 	PLACE OF DEATH  D. COUNTY AS HIN 9 + CIN MARYLAND  D. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)  AS HIN 9 + CIN MARYLAND  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (If outside corporate limits, write RURAL or ARRISON VIIIE)  AND ARRIVED TOWN (If outside corporate limits, write RURAL or ARRISON VIIIE)	2/X
iurs ofter	by the fi 2 shou	4	d. NAME OF HOSPITAL (If not in hospital, give street address)  OR INSTITUTION  A. STREET ADDRESS  NONE  YACHINGTON (G. HOSPITAL)	o. IS RESIDENCE ON A FARM? YES NO
n 24 ho	300		NAME OF First Middle Last 4. DATE Month OF DEATH ALGUST	Day Year 3 1960
ed withi	ers. Pag	5	MALE White WIDOWED DIVORCED Ct. 11 1869 Gost birthday) Month	24
execut	and com	12	FARMING FULTON CO. PENNA.	CITIZEN OF WHAT COUNTRY?
icate be	sicion of soliton of s	L	ABRAHAM KING SUSAN HENRY	
h certif	ling physer remonant 72 ho	[Y4	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  NO. 17. INFORMANT  Margaret K. Seider 44  NONE Margaret K. Seider 44	ONNA/shung
the deat	e attencion plea		18. CAUSE OF DEATH [Enter only one couse per line for (a). (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b)  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)  PART I. DEATH WAS CAUSED BY: IMMEDIATE BY: IMMEDIAT	INTERVAL BETWEEN ONSET AND DEATH
quires that t	igned by the permit. The		Conditions, if thy, which gave rise to immediate cause (o), stoting the under DUE TO  DUE TO  DUE TO  DUE TO  DUE TO	Mucrataria
The law re	has been arrial-transit	FICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P	ART I(a) 19. WAS AUTOPSY PERFORMED? YES NO
CIAN	ifficate by or re	IL CERTI	200 ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.)	
PHYSE	this cer or use a	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while at work of wark 20f. (City or town)	(County) (Stote)
ENDING	R: After ached fo		21. I certify that I attended the deceased from 7-1, 1960, to 8-3, -1960, that alive on 8-3, 1960, and that death occurred at 2,300M, from the causes and on	I last saw the deceased the date stated above.
OR ATT	IRECTO I be del		ACTUAL SIGNATURE John JTT tom Cale of M.D. 1J4 W. Was Ling of	by It - 8-3-0
PITAL	3 should	202	PHYSICIAN'S JOHN H. HORNBAICER Stagestown -	md
O HOS	o FUN Poge the re	4	BURIAL CREMATION, 226 DATE THEREOF  22c NAME OF CEMETERY OR CREMATORY,  PEMOVAL (Specify)  11 - COUNTY OF DECISION (City, town, or county)  12d IOCATION (City, town, or county)	ing Deun.
VS 15	A15 (4) A 9/55	23.	FUNERAL DIRECTOR'S SIGNATURE LIOUT 7 MUNICLE AND HAGELSTOWN TO BY REGISTRAR 246. REGISTRAR'S LIOUT 7 MUNICLE AND HAGELSTOWN TO BE AUG 8 '60 CALLOR	11/12
			a a	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH director, iled with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution- Residence before admission) a. COUNTY b. COUNTY filed Washington Washington MARYLAND Maryland CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If putside carparate limits, write RURAL and give nearest town) RURAL and give negrest lawn) shauld Smithsburg vrs. Rural Hagerstown d NAME OF HOSPITAL (If not in haspital, give street address) e. IS RESIDENCE d\STREET ADDRESS OR INSTITUTION ON A FARM? Smithsburg YES 🖬 NO 🗀 Western Maryland State Hospital RAL 4. DATE NAME OF Middle Month Day Year DECEASED DEATH (Type or print) 19 *b* C after death IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years 7. MARRIED T NEVER MARRIED T campletely last biethday) Manths Days Hours April 19.3 Male White WIDOWED F DIVORCED [ 10a USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Farm & Misc. Frederick County.Md. USA aborni pup pa Daniel) 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME physician 9 certificate Nanial. Lewis Maria **Misman** Baker remaye 17 INFORMANT 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO Hagerstown.Md. 25 E.Lincoln Ave. No None Mrs.Bruce Hudspith 62 attendi INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Š Canditions, if any, which permi Bued gave rise to immediate **DUE TO** cause (a), stating the underbeen st lying cause last. burial-transit ь OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? hos YES NO MISLASE 20g. ACCIDENT WAS UNDERLYING [ 206 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) certificate OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY 20e PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED 20f. (City or town) (State) Day, Year (Caunty) factory, street, affice bldg, etc.) O. ID Not while at work at wark p. m 21 I certify that (I) (this haspital) attended the deceased from M 19.60 that (1) (we) last and that death accurred at the firm the causes and an the date stated above. saw the deceased alive an DIRECTOR: 22a SIGNATURE 22b, DATE SIGNED ATTENDING PHYS. STAFF PHYS. DIRECTOR [ M.D. 22c. PHYSIC AN S 22d ADDRESS NAME ITYPE E. Chun Young FUNE page 3 the State BURIAL CREMATION, 236, DATE THEREOF 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (State) Foxville Mt.Bethel Church Cemetery Md. 0 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250 REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE AUG 25 60 Hagerstown, Md. Rest Haven Funeral Chapel DATE 15M 9/59





VR A15 (4) 15M 9/59

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

09665

	31584	CERTIFICA	IE OF DEATI		
)	1. PLACE OF DEATH a. COUNTY WASHINGTON	MARYLAND	2. USUAL RESIDENCE (V o. STATE MARYTAND	Where deceased tived If instituti b COUNTY	
'	b CITY OR TOWN (If outside corporate limits, write RURA, and give nearest town) HACERSTOWN	LENGTH OF STAY IN 16	c. CITY OR TOWN (II	f outside corporate limits, write R	URAL and give nearest town)
1	d NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION 907 W WASHINGTON STREET	Contract Street	d. STREET ADDRESS	ASTOWN  ASHINGTON STRE	e. IS RESIDENCE ON A FARM? YES NO W
-	3 NAME OF First DECEASED (Type or print) ERMEST	Middle	Losi	4. DATE Mor	nth Day (For
	TO 21 T PA T	RAPHAEL	MARTIN B. DATE OF BIRTH	9. AGE (In years	IF JNDER 1 YEAR IF UNDER 24 HRS
	MALE WHITE WIDOWS	ED DIVORCED	MAY 21 18	lost birthdoy) 62 yrs	Months Days Hours Min.
	10a USJAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)  CAR INSPECTOR	KIND OF BUSINESS OR INDUS	TRY 11 BIRTHPLACE (Sto		U.S.A.
1	13. FATHER'S NAME	TOR ELECTRIC	14. MOTHER'S MAIDEN		0.000
	JOHN MARTIN		MARY	KENSEL	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	SOCIAL SECURITY NO. 17, IN	FORMANT	Add	ress
		05-10-4999 MR	S. PEARL MAR	TIN HAGERSTON	**************************************
	1B. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	ne far (o), (b), and (c).]	. Cal		INTERVAL BETWEEN
	Conditions, if ony, which gove rise to immediate cause (a), stating the under-lying cause lost.  DUE TO  DUE TO  (b)  DUE TO				
	PART 11. OTHER SIGNIFICANT CONDITIONS CONDIT	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE CONDITION GI	VEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
		CRIBE HOW INJURY OCCURRED	Enter nature of injury i	n Port I or Part II of item 18.)	
	YOUR OF INJURY Month, Day, Year 20d. II Hour o. m. While of wor	Not while fac	CE OF INJURY (Home, for tary, street, office bldg., a		(County) (State
	21 I certify that (I) (this haspital) attends saw the deceased alive an	_ / ^	4 4		. 1960, that (I) (we) last
	22a. SIGNATURE FRI De	the !	W.D. PHYS	MED. STAFF DIRECTOR PHYS	226.DATE SIGNED
	22c. PHYSICIAN'S NAME (Type) E.W.DTTO JR.		22d. ADDRESS HAGER	STOWN MARYLAND	
	23d BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c NAME OF CEMETERY OF	RCREMATORY	23d LOCATION (City, town,	or county) (Stote)
A. S.	BURIAL 8/20/60	ADDRESS	METERY 250 BE		IARYTAND ISTRAR'S SIGNATURE
	24 STITER ROUZER FUNERAL HOME		DATE LAND		Titler & Kennel



CERTIFICATE OF DEATH	
1. PLACE OF DEATH 2. USUAL RESIDENCE (Where	deceased lived. If institution: Residence before admission)
COUNTY Washington MARYLAND G. STATE Maryland	d b. COUNTY Washington
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside RURAL and give nearest town)	de corporate limits, write RURAL and give nearest town)
Williamsport 44 yrs. Williamsport	ort
d. NAME OF HOSPITAL (If not in hospital, give streel address)  OR INSTITUTION  d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
27 Conococheague Street  27 Conococh	eague Štreet YES NO X
	DATE Month Day Year
(Type or print) Charles Edmond Mc Cauley	DEATH Aug. 27 1960
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH	9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Days Hours Min.
Male White WIDOWED   DIVORCED   April 8 1884	76 yrs 4 18
6a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)	oreign country) 12 CITIZEN OF WHAT COUNTRY
Labor Tannery Maryland	U.S.A
3. FATHER'S NAME 14 MOTHER'S MAIDEN NAMI	
Bamuel Mc Gauley Laura Sto	
S WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Ves. 20. or unknown) (If yes, give wor or dates of service)  NO 215 09 7412 Mrs . Sarah Jan.	27deConococheague
	e Mc Cauley Williamsport
18. CAUSE OF DEATH [Enter only one couse per line far (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I DEATH WAS CAUSED BY: Cerebral arteriosices	rsis 1 Yr
DUE TO	E Vene
Conditions, if any, which gave rise to immediate (b) Generalized arterioscle	erosis 5 Yrs.
cause (a), staling the under-	
lying cause last.   (c)	DIFFACE CONDITION CHICK IN BAST HANDS
FAIL II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL	PERFORMED? YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL  20g. ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUTIONS CONTRIBUTING CONTRIBUTIONS CONTRIBUTING CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTING CONTRIBUTIONS CONTRIBUTIO	) or Port 11 of item 18.)
faster store offer bldg at a line	20f. (City or town) (County) (State
While Not while toctory, street, office bldg., etc.)	
2). I certify that (I) (this haspital) attended the deceased fram. 1958 19	, ta 8/27/60, 19 , that (I) (we) las
	, fram the causes and an the date stated above
220 SIGNATURE A ATTENDING MED	226. DATE STAFF SIGNEI TOR PHYS
72c PHYS CIAN S 22d ADDRESS	1110 [
NAME (Type) Walter H. Shealy M. D. Sharpsbur	g, Md. 8/28/6
30 BURIAL, CREMAT ON, 236, DATE THEREOF 23c NAME OF CEMPLERY OR CREMATORY 23d	d LOCATION (City, fown or county) (5tate)
PEMOVAL (Specify)	illiamsport Maryland
4. ENTERAD DIRECTOR'S SIGNATURE / 702 /// ADDRESS / 0/4 / P50 REC'D BY	Y REGISTRAR 256 REGISTRAR'S S GNATURE
(Most Leaf Williamsport of Marykan DATEAUG 3	3 0 '60 Oxlun S. Hrans

D HOSP COR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 thurs after death. Page 4 may be comed by the hospital ar attending physician.

D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Board of Health prior to burial, crematian, ar remaval, and in ony event within 72 haurs after deoth. TO HOSP may be VR A15 (4) 15M 9/59

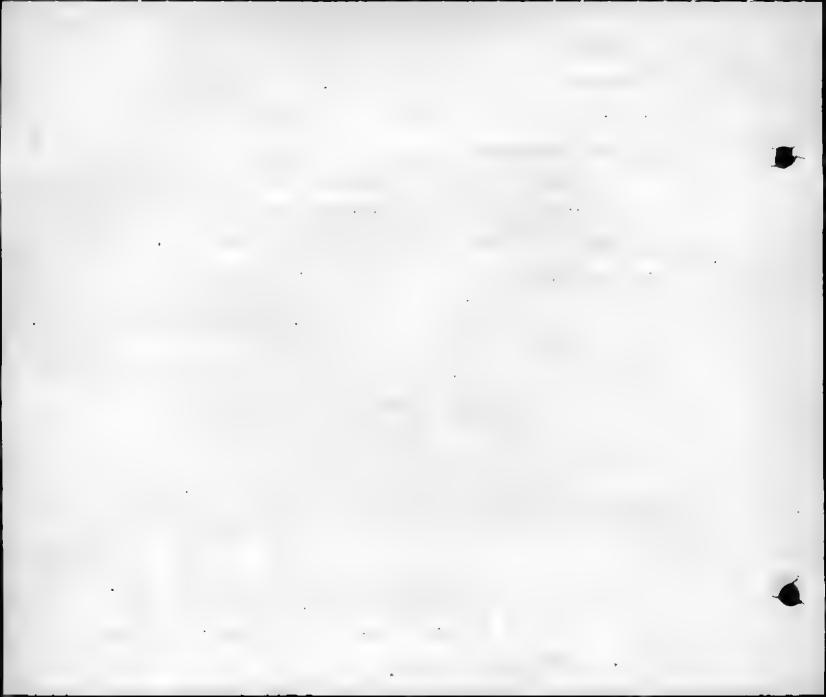
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			97	707	CERTIFICA	TE OF DEATH		302	13001
Page director	M)	)	o. COUNTY Washi	ngton	MARYLAND	2. USUAL RESIDENCE (WI	washin		fore admission)
death. unerol Id be f				outs'de corporate limits, worest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF A	outside corporote limits,	write RURAL and give	nearest town)
rs after by the f 2 shou	270	7	d NAME OF HOSPITA	AL (If not in hospitol, give sort Sanita	street address)	30 Rando			e. IS RESIDENCE ON A FARM? YES NO
o Puo		3	NAME OF	First	Middle	Last	4. DATE	Month	Day Year
24   ed	<u> </u>		(Type or print)	BERTHA	(NMN)	McCOY	OF DEATH Augu	ist 3 196	D 19
thin ly fi	<del>8</del>	S	. SEX		MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (II	years IF UNDER ITE	AR IF UNDER 24 HRS.
¥ e	<u>ē</u>		Female	white w	DOWED DIVORCED	January 1 1	1871   lost bir	(hday) Months Day	s Hours Min
uted Jmp	2	1	Da. USUAL OCCUPATIO	N (Give kind of work done	10b. KIND OF BUSINESS OR IND		or foreign country)	12. CITIZEN	OF WHAT COUNTRY?
od u	<u>R</u>	1	Seamstre	ing life, even if retired)	Love Dress Co	Funkstown	Wash Co	Md. I	JSA
be to	2 (		3. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME		
cate   sician	iệ 🖊	٧.`	Archib	ald McCoy		Martha	Furry		
rtifica physic smave	±,	1	WAS DECEASED EVER			INFORMANT		Address	
ng p	ever		No ar unknown)	U	nable to loca	te Mrs Mary			
eos	E G		18 CAUSE OF DEA	TH [Enter only one couse	per line for (o), (b), and (c).]	9/18 E. I	incoln A	ve Hagers	NSET AND DEATH
off o	. <u>E</u>		PART 1 DEA	TH WAS CAUSED BY IMMEDIATE CAUSE (6)	autrel.	thrombro			TREES -
the the The	pug		3-60X	DUE TO	12	~ 5%			
the by	<u>p</u>		Conditions, if or	ny, which ) (b)	General Co	which is	cherry		13/1/-
ires ned	Ě		gove rise to it couse (a), stating t	mmediote (					/
on. sign	5		lying couse lost.	lo-	Statelle	0			13 9-21
sicion beer fron	č,	1	PART II OTH	IER SIGNIFICANT COND TI	ONS CONTRIBUTING TO DEATH BL	T NOT RELATED TO THE TERM	INAL DISEASE CONDIT	ON GIVEN IN PART 1(0	19 WAS AUTOPSY PERFORMED?
phy right	ğ		5						YES NO
ending ficate I the bu	al, cren	9	OR CONTRIBUTING	S UNDERLYING 1 206 CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCUR	ED. (Enter noture of injury in	Part I or Part II of item	18 }	
HYSIC I or att iis certi	lo burio	0	20c. TIME OF INJUR Hour o. m.	\		LACE OF INJURY (Home, for octory, street, office bldg., etc.		(Coun	(Stole)
Por its	ġ.			t /IV (this bosnital) o	ttended the deceased from	14-/ 19	09.10 f-	3- 1060	that (I) (we) last
Aft Aft hed	₹ o		sow the deceos	4	1 / .	death accurred of			4 7 4
TEN the OR:	8		220. S GNATURE		V/		, it dill the coo	aca ond on the de	2-305 DATE
L Al	<u>_</u>			1. 200	Lette T.	M.D. PHYS	RED STAFF		1 /3 /SIGNED
S S S S S S S S S S S S S S S S S S S	밑		22c. PHYSICIAN'S a NAME (Type)	Ć ~	2.5.	22d. ADDRESS	-2	0. /	1760
A had	& 4		Name (Type)	1/77 /= W	111101	7454	ustown	Med	
be be	State	7	30 BURIAL, CREMATIO	N. 236 DATE THEREOF	23c NAME OF CEMPTERY	OR CREMATORY	23d LOCATION (City	, town, or couply)	(Stote)
± € 5 8	je e		REMOVAL (Specify) Burial	8/5/60	Funkstown C	emetery	Hagerst	agh Wash	Co Md
5 5 9	_	2	4 FUNERAL DIRECTOR	CICKIATURE	ADDRESS		D BY REGISTRAR 25	b. REGISTRAR'S SIGNA	TLIPE
		0	andrew K.			DATEAU	6 5 '60	arthur S. Kra	

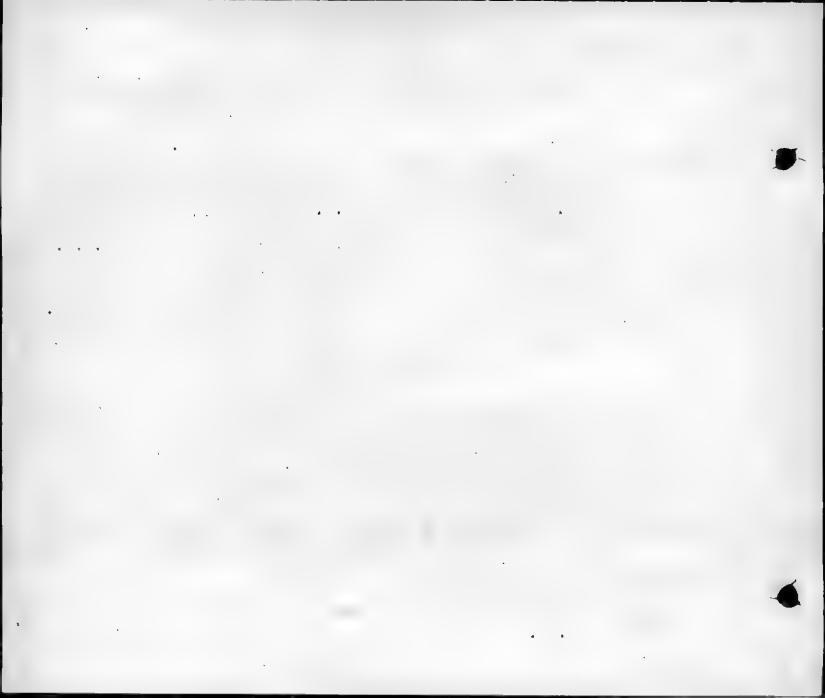
Urs after death. Page 4



7		97	21		CERTI	FICA'	TE OF DEA	ATH				9508
1)	1. P	LACE OF DEATH					2. USUAL RESIDEN	NCE (W)		. If institution b. COUNTY	Residence before	admission)
/ [		V	ashingto	n	MAR	YLAND	Mar	ryl			Washrir	oton
	b	CITY OR TOWN (If RURAL and give new	autside carparate limi	ts, write c.	LENGTH OF STA	Y IN 1b	CITY OR TOV	WN (If o	autside carporate li	mits, write RURA	L and give near	est tawn)
	_B	ural Har			Life		Rural	1 1	Hancoc	k Mary	land	
			AL (If not in haspital, g	jive street ada	dress)		d. STREET ADD					IS RESIDENC
		0	Home				Rural	1 :	Hancock	Md.		YES NO
Ī	3 N	IAME OF	Fir	st	Middl	e	Last		4. DATE	Manth	Day	Year
		PECEASED Type or print}	Ha	zel	Rebec	CB	McCuske	ידפ	OF DEATH	8	12	19 6
ŀ	5. 5	EX	6 COLOR OR RACE				B. DATE OF BIRTH		9. AC	E (In years IF)	UNDER 1 YEAR I	
		F	M.	WIDOWED			Aug. 2.19	202	las	t birthday) M	onths Days	Hours Mi
	10a.		N (Give kind of work					-	or foreign country	4	12. CITIZEN OF	WHATCOUNT
		during most of work	ng life, even if retired	)	15 01 000111000			,				
	12 0	Housewi	10				Hancoc		<u>Varylan</u>	1	U_S	-A-
	3. 1											
۲,	_		es Munso			- 1	Molli	ie E	Bishop_			
		WAS DECEASED EVER	IN U.S. ARMED FOR f yes, give wor or dales of s		CIAL SECURITY N	O.  17. IN	IFORMANT			Address		
		No			None	R	obert Mc	a Cus	sker_Rui	ral 1 H	Iancock	Md.
		18. CAUSE OF DEA	TH [Enter only one co	use per line f	for (a) (b)) and (c	)-]	0 1/		0		NTER	VAL BETWEE
	ı	PART I. DEAT	H WAS CAUSED BY:	ı)	(12)	lls	al des	111	m 7-1	110		is mis
	- 1	16 2 2 0 1	DUE TO					- Carrier Co	4	7		
		Canditions, if an	v. which \		174	10	1 /	10	00100	111	)	
		gave rise to in	mediate ( DUSTO	)}		d				1		
		cause (a), stating t	ne under-			101	esdio	17	nAC.	11110	1111	
	z		ER SIGNIFICANT CON		NTRIBITING TO D	FATH RUT	NOT RELATED TO TH	HETERM	INAL DISEASE CON	EDITION G VEN	IN PART 1(a) 19	WAS AUTO
	CATION			D1110113 CO1	110	DO T	THO THE HE TO TO	16 15 1111	intre bidende doi	1		PERFORMED
	J.	70- ACCIDENT WA	C DATE OF THE PROPERTY OF THE	201 DECCE	DE LIGHT BUILDY	OCCUPRE	C (5-1t 1)	Year-old Service	Part Las Part II of	-tom 101		YES NO
1	CERT	OR CONTRIBUTING	S UNDERLYING A	ZUD. DESCRI	BE HOW INJURY	OCCURRE	D. (Enter nature of in	OLA IU	rom i as rom ii or	Hem 10.1		
	- 1		MEDICAL EXAMINER)	L.,	+						1	
		20c TIME OF INJURY Haur a. m.	Manth, Day, Ye	or 20d INJU White _	JRY OCCURRED  Not while	20e. PL/	ACE OF INJURY (Har office bl	me, faite l <b>dg</b> , etc	20f. (City or to	wn)	*(County)	(51
	MEDI	p. m.	19	at wark [					7	3 ***	7 /	
		21 I certify that	(I) (this hospital	1), attended	the deceases	d fram	VIIVAIL	19	20 to U	MI	1980 tho	(t (l) (we)
		saw the decease		1441	7 -1 - 12		leath accurred o	Paren	At, from the	course and a		•
		220 SIGNATURE	1 - 1	7	/A /	d IIIdi 9	edili deca rea e	7-35	gree, main the	V Ond V	an me dare	22b DAT
1		0	MA	ull	fer		M.D. PHYS.	M	ED ST.	AFF YS 🗍		SIGN
QF.		22c. PHYSICIAN'S	, ,	//			22d ADDRESS		4	- /	1 /2	1
4		NAME (Type)	L M SHAF	FER ME	2			L	taus	MCK	, ma	
	On				-4			6/	001100000		* * * * * * * * * * * * * * * * * * * *	
	23a	BURIAL, CREMAT OF REMOVAL (Specify)			23c NAME OF CEA				23d, LOCATION	(City, tawn, or c	aunty)	(State)
								de	1			
	_	Burial FUNERAL DIRECTOR'S	8.15.	50 1	ADDRESS	et P	resbyter	riar	D BY REGISTRAR	Hancoc	k Wash	ingto

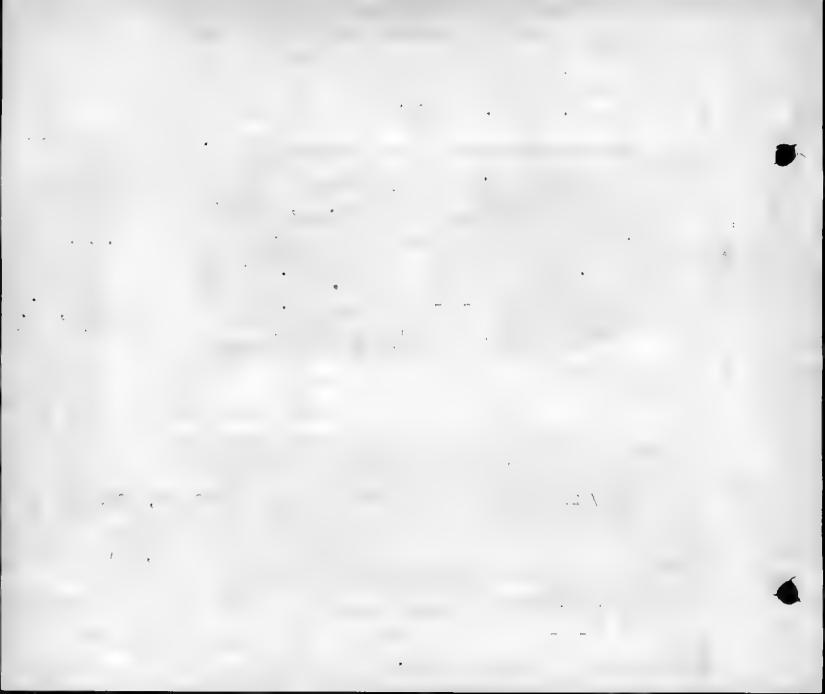
TO HOSP OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 per stater death. Page 4 may be may be already After this certificate has been signed by the attending physician and completely filled in by the funeral director. Once 3 should be detached for the new the haritanterests.

s after death. Page 4



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 09669 MEDICAL EXAMINER'S CERTIFICATE OF DEATH necessory, please exerior. Page 4 should be cremotion, Rea, Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY **b.** COUNTY Washington Marvland Washington MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If gutside corporate limits, write RURAL and give negrest town) Tagerstown nr. Hagers. Indefinite emps Mill d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) . IS RESIDENCE d. STREET ADDRESS ON A FARM? Salem Ave. YES NOW THE NAME OF 4. DATE Middle Lost Month Day Year DECEASED (Type or print) Earl E. DEATH Messner Sugust 150 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 3 8. DATE OF BIRTH 9. AGE (In years IFUNDER TYEAR IF UNDER 24 HRS. lost birthday) Months Male White WIDOWED | DIVORCED T Jan. WES. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)

Lectric Welder Congractors Maryland 12. CITIZEN OF WHAT COUNTRY? Congractors Marvland U.S.A. Se Se 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME moy es l'o pages Charles Lula B. Stitley E. Messner Pages 40 Poge 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) Salem Ave. Give 219-20-3004 Charles E. Messner C THIRTY RIVER 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INDEFINATE SHOCK FOLLOWING HEMORRHAGE PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (o) SELF INFLICTED KNIFE WOUNDS **buriol-transit** Conditions, if any, which gove rise to immediate couse DUE TO (a), stoting the underlying couse lost. pending" in ner's Office PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES [7] NO 20g. EXTOCNAL CAUSE WAS PRIMARY 22 or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) SLASHING BOTH WRISTS & NECK to the Chief Medicol Exom DIRECTOR: Page 3 should 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or town) (County) (Stote) factory, street, office bldg., etc.) While Not while at work O /12/6019 HAGERSTOWN, WASH. 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection K, Inquiry , and find that death resulted from: Natural causes ... Accident . Suicide K. Homicide . Undetermined cause . AUG. 14, 1960 DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER [7] SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S DEPUTY MEDICAL EXAMINER 174 NAME (Type) M\_DITTO 220. BUR AL, CREMATION. 22d. LOCATION (City, town, or county) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY (Stole) REMOVAL (Specify) 8-16-60 Thurmont. Blue Ridge Cemeterv ADDRESS FUNERAL DIRECTOR'S SIGNATU 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATEAUG 17'60 withing &. Theres VS. A15ME(5) urmons, Md. 5M 9/55



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

director

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physician

attending

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DIRECTOR:

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VS A15 (4)

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burial-transit

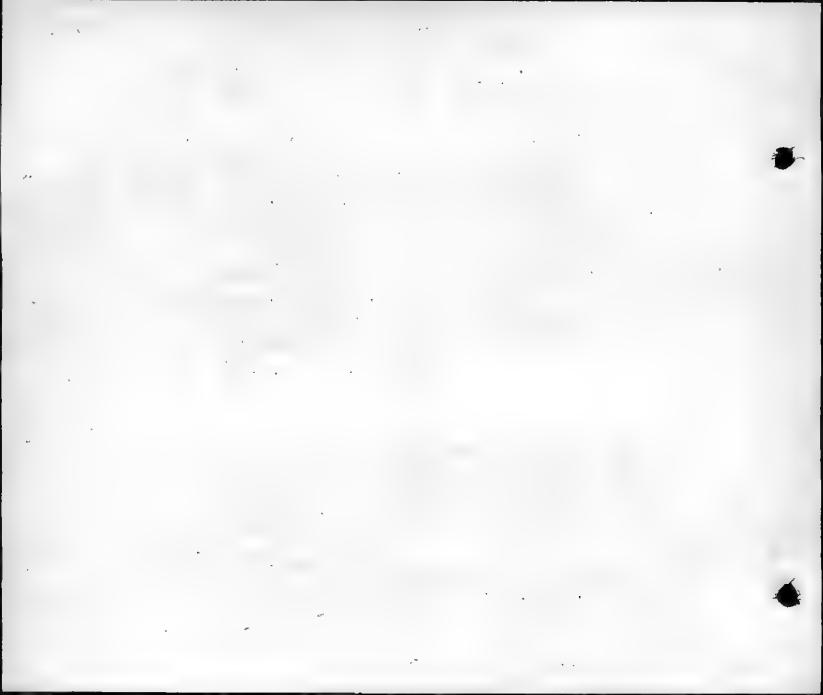
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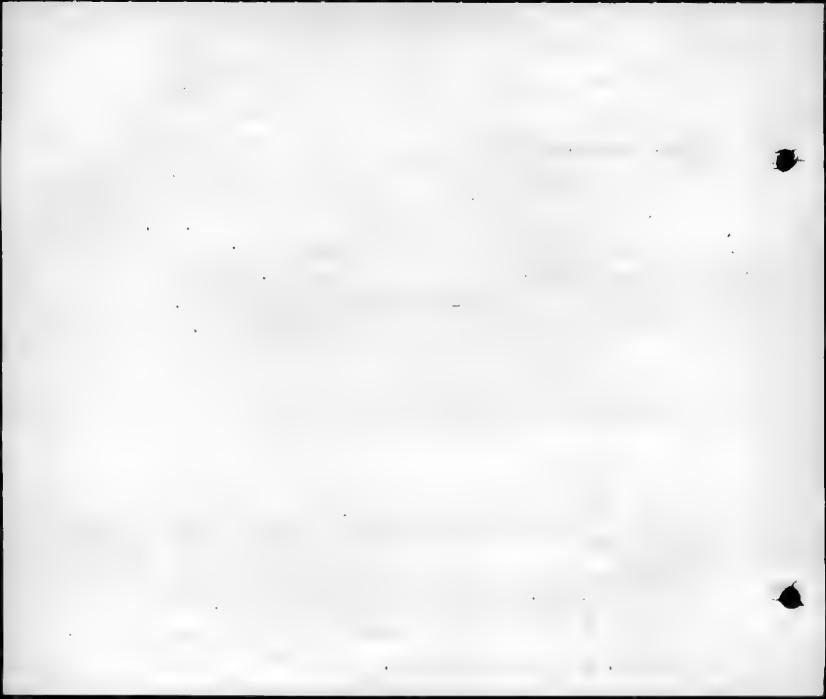




wrs ofter death. Page 4

VR A15 (4) 15M 9/S9

	9683 CERTIFICA	ATE OF DEATH 302
7	1. PLACE OF DEATH O. COUNTY Washington MARYLAND	2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. STATE Maryland Washington
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Hagerstown  DOA	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Hagerstown
	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Wash County Hospital	631 West Franklin St on A FARM?
	2110110 22	LLER Sr Jeath August 30 1960 19
	Male White WIDOWED DIVORCED	June 17 1913  9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
	10a. USJAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR IND during most of working life, even if retired)  Sheet Metal Worker	Sleepy Creek worgan Co USA
	James Li Miller	Annie V. Gantt
	No (19 yes, give wor or doles of service) 313-14-6601 Mr	
	PART I DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gove rise to immediate couse (o), stating the under-lying couse last.  (c)	dagers town Md. JINTERVAL BETWEEN ONSET AND DEATH
	CATIC	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AJTOPS PERFORMED?  YES NO
	OR CONTRIBUTING CAUSE OF DEATH	ED. (Enter noture of injury in Port 1 or Port 11 of stem 18.)
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while of work of work of work	PLACE OF INJURY (Hame, form, 20f (City or town) (County) (Ston octory, street office bldg., etc.)
1		death occurred at AM, from the causes and on the date Pated above
}	220 SOCIATURE FORMS	M.D. ATTENDING MED. STAFF STONE  ATTENDING MED. STAFF STONE  226 ADDRESS
	NAME (Type) Ralph F. Young	Williamsport Maryland
	23d BYRAL, CREMATION, 276 DATE THEREOF ( 23c. NAME OF CEMETERY BUTTIEL ( 276 DATE THEREOF BETHEL CEMETERY BUTTIEL ( 276 DATE THEREOF BETHEL CEMETERY BUTTIEL ( 276 DATE THEREOF BETHEL CEMETERY)	ery Sleepy Creek Morgan Co W. Va
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS  Andrew K. Coffman Hagerstown Md.	250. REC D BY REGISTRAR 256. REGISTRAR'S SIGNATURE Circles & House

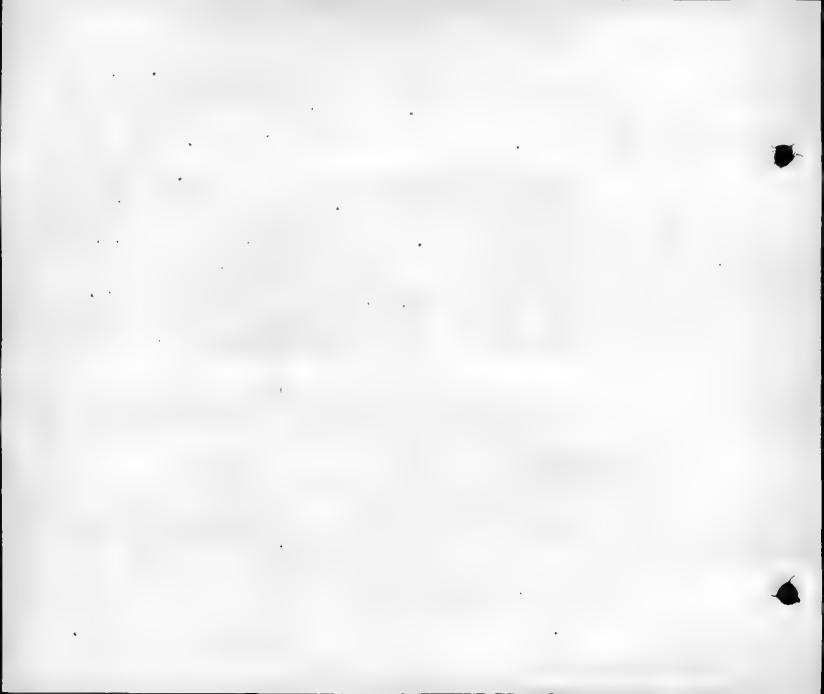


# MARYLAND STATE DEPARTMENT OF HEALTH OF DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

09673

- 1												
	1. PLACE OF DEATH a. COUNTY			MA	RYLAND	a. STATE			ved. If instituted b. COUNTY	n: Residence	before adn	nission)
1		hington					laryl.		44 4: 1: B4	Wash1		
4	RURAL and give ne	outside corporate limi arest tawn)	is, write	c. LENGTH OF STA	į	72.		•	e limits, write Rl	JKAL and give	e negrest to	own)
	Hagersto	Wn		10 yrs	•	Hager		n				
1	OR INSTITUTION	AL (If not in hospital, g		address)		d. STREET					e. IS I	RESIDENCE N A FARM?
Į	1924 Vir	<u>ginia Ave</u>				1924	virg	inia A	ve.		YES	□ NOX
ſ	3. NAME OF DECEASED	Fir	st	Midd	lle	la	st	4. DATE	Mani	th	Day	Year
1	(Type or print)	Harry		Tilghma	nton	Moats	3	DEATH	Aug.	1	4	1960
ľ	5. SEX	6. COLOR OR RACE	7. MARE	IED NEVER MAR	RIED 🔲	B. DATE OF BIRT	Н	9.	100	IF UNDER 1 Y	-	7
1	Male	White	WIDOWI	DIVOR	CED 🔲	Feb. 1	0 18	77	last birthday)  83 yrs.	Months 3	bys Hou	ırs Mîn.
	10a USJAL OCCUPATIO	N (Give kind of wark- ing life, even if retired	done 10b.	KIND OF BUSINESS	OR INDUS	TRY 11 BIRTHP	LACE (State	ar fareign coun	lry)	12. CITIZEI	N OF WHA	T COUNTRY?
J	Labor	ing lite, even it rettrac		rgan Co.			Mary	Land		U.	S. A	
1	3 FATHER'S NAME					14. MOTHER'S	MAIDEN	IAME				
	Harry	y Moats					Sugar	n Davi	g			
1	15. WAS DECEASED EVER			SOCIAL SECURITY N	10. 17 IN	FORMANT		102/	Virgin	SAC AT	70	
	No (Yes. no. or unknown)	If yes, give wor or dates of s	21	.9 12 050	07 Ga	rdner	Moate		stown		land	1
ľ	18 CAUSE OF DEA	TH [Enter only one co	use per li	ne far (a) (b), and (	c).]	/ /	777	//	150		IN FRYAL	BETWEEN
ı	PART I. DEA	TH WAS CAUSED BY IMMEDIATE CAUSE (o	171	- 11101	AID	10.01	12/2.	117 11	to No		7	NO DEATH
	420,1	DUE TO	Annual Party	weep.	0-6-E	1 Yee	600	7600		-		-
1	Conditions, if ar	w which \					/					/
	gove rise to in	nmediate (				<del></del>						/
	cause (a), stating ( lying cause last.	ue augur-		/			//					'
		ER SIGNIFICANT CON		ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO	O THE TERM!	NAL DISEASE C	ONDITION GIV	EN IN PART 1	(a) 19 W/	AS AUTOPSY
	PART II. OTH  20g ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY		-								PER	REORMED?
	200 ACCIDENT WA	S UNDERLYING []	20b. DES	CRIBE HOW INJURY	OCCURRE	). (Enter nature i	of injury in I	Part I or Part II	of item 18.)			
		MEDICAL EXAMINER)							4	7		
		Month, Day, Ye		NJURY OCCURRED	20e PL	CE OF HUJURY	Home, farm	, 20f. (City or	town	{Cou	inty)	(State)
1	Hour a.m.	)9	Whi e	Not while	100	tory street, office	e blag. eic.	1 1	11/1	13		
1		(i) (this best ha	) attend	of the Marages	d Ham	11316	( 19.	00/11	141	3 60	Mak II	)_(we) last
	saw the deceas	11 /	77	/ /)	nd that d	eath occupie	7.7.7.7	The Ender law	e causes an	d as Abs A	/ / '	7 ' '
ı	22a SIGNATIONE	ed dilve birg	11	Ex-11/ / UI	ia mako	euin piccigio	4.9.(4)	.ps, ironiyin	e couses on	d divitie A	IGIE SIEI	22b.DATE
1	1/2	ON VIT	LA	210116	X.	ATTENDIN M D. PHYS.	IG MI	ED. RECTOR	STAPF PHYS.	11/1	6-16	SIGNED
1	22c PHYSICIAN'S	11000	110	July	/	22d. ADDR			/	711	7,	1
ı	NAME (Type)	18ALPH/	For	YOUNGI		W//	1197	nspar	-to 1	Kant	fan	ev_
	230 BURIAL CREMATIO	N, 236 DATE THERE	OF .	23c NAME OF CE	METERY O	R CREMATORY		23d. LOCATIO	N (City, town, o	or county)	(5	State)
	Burtal (Specify)	Aug. A	7-60	Manor	Ceme	tery		Near	Til ohm	anton	Ma	
	24 FUNERAL DIRECTOR	SIGNATURE	17	ADDRESS	_ 1.	anno		D BY REGISTRA		TRAR'S SIGN		
	Went	XXea	LU	- elliams	editt o	1160	DATENIO	1 8 '60	0-6	tun 8 th	are 4	

VR A15 (4) 15M 9/59



### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

09674

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

	with	
5	P.	M
5	٥	131
0 0	Pla	eta. Id

Page

s after death.

in papers. Pages 1 and hours after death, payers and campletely filled rove carb in papers. Pages La TO HOSP COR INTENDING INVSICENS: The law requires that the death certificate be exacuted within 24 may be used by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached for use as the burial-transit permit. Then please regions carbin papers. Pages 1 the State Board of Health prior to burial, certainin, ar remanal, and in any event, with 72 hours ofter death.

VR A1S (4) 15M 9/59

Washing	rton	MARYLAND	Maryla	nd s. cookin	Washingt	on
b CITY OR TOWN (If outside corp RURAL and give nearest town)		LENGTH OF STAY IN 15	c. CITY OR TOWN (If o	utside carporate limits, write	RURAL and give nearest t	lown)
Sharpsburg		70 yrs.	Sharps	burg		
d, NAME OF HOSPITAL (If not in I	haspital, give street add	fress)	d STREET ADDRESS		e IS	RESIDENCE N A FARM?
107 S. Mechan	ic Street	t	107 S. M	echanic Str	eet YES	□ NO 🔽
3. NAME OF DECEASED	First	Middle	Lost	4. DATE Ma	nth Day	Year
(Type or print) L1	llie	May	Mongan	DEATH Aug.	6	19 60
S. SEX	177741112	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday)	Months Days Hou	
Female Whit			Dec. 28 187		7 8	
100. USUAL OCCUPATION (Give kind during most of working life, even HOUSOWITE	d of work done 10b. KIN if retired)	e			12. CITIZEN OF WHA	AT COUNTRY?
		Home	Keedysvi		U.S.A	
13. FATHER'S NAME	*		14. MOTHER'S MAIDEN N			
Jonas			Mary El	1zabeth Lop	p	
1S. WAS DECEASED EVER IN U. S. AF (Yes, no. or unknown) (If yes, give you NO	or dates of service)			107	"S. Mechar	
			s. Paul Sto	ckslager Sh		
18. CAUSE OF DEATH [Enter of	and the same of th	for (a), (b), and (c).	1 1/1/2.	mich		ND DEATH
IMMEDIATE	CAUSE (a)	GPSOM	41 17218	101111111111111111111111111111111111111		LIAY
* # #	DUE TO	11 12 1 - 50	7 F2.00 10 m		5	2214
Canditions, if any, which a	(6)		13/9/1	/		144
cause (a), stating the under-	DUE TO_<					
Z PART II. OTHER SIGNIFIC	(c)	NTRIBUT NG TO DEATH RU	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GI	IVEN IN PART 1/n) 19 W	AS AUTOPSY
PARE D. OTHER SIGNIFIC	A(4) (C) (9) (1) (A(4) (C)	THE PERSON OF THE POPULATION O	THO RESIDENCE	THE DISENSE CONTRINSITY OF	PE	REORMED?
E 200 ACCIDENT WAS UNDERLYIN	NG TI 20b. DESCRI	BE HOW INJURY OCCURRE	D. (Enter nature of injury in (	Part I ar Port II of item 18.)	163	
200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CIFE EITHER, NOTIFY MEDICAL EX.	OF DEATH					
7			ACE OF NJURY (Hame, farm		(County)	(State)
Hour a.m.	19 While at wark	TACK MULIG	ctary, street, office bldg., etc			
			ARIN 5 10	1.7. A13.71	20/2344	15 4
21 I certify that (I) (this	Ld 87-1 1-	1 4	1	252.10_12/12/15	2_, 1942/ that (	3 d Ben 3
saw the deceased alive a	017_12	17@2% and that	degra occurred all	M, from the couses o	na on the date sto	22b. DATE
1. JAGIL	, March	enon de	M.D PHYS. MI	ED STAFF	5-7	SIGNED
22c PHYSICIAN'S	77-	. //	22d. ADDRESS	/ /	,01	600
NAME (Type)	10 517	Emsber	4 0/16	118110-7	onn	MI
23a BUR AL, CREMATION, 23b DA	TE THEREOF 2	23c. NAME OF CEMETERY C	OR CREMATORY	23d LOCATION (City, town,	, ar county)	[State]
Burial Aug	. 8 1960	Mt. View	Cemetery	Sharpsburg	g Maryland	
24, FUNERAL DIRECTOR'S SIGNATUR	~ 7	ADDRESS		<del></del>	SISTRAR'S SIGNATURE	
Edetic D.	Lect	4 Tilinus	to to A DATE A	UG 9 '60 C	Irthur S. France	
			<del>7</del> 4 1/2			



#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

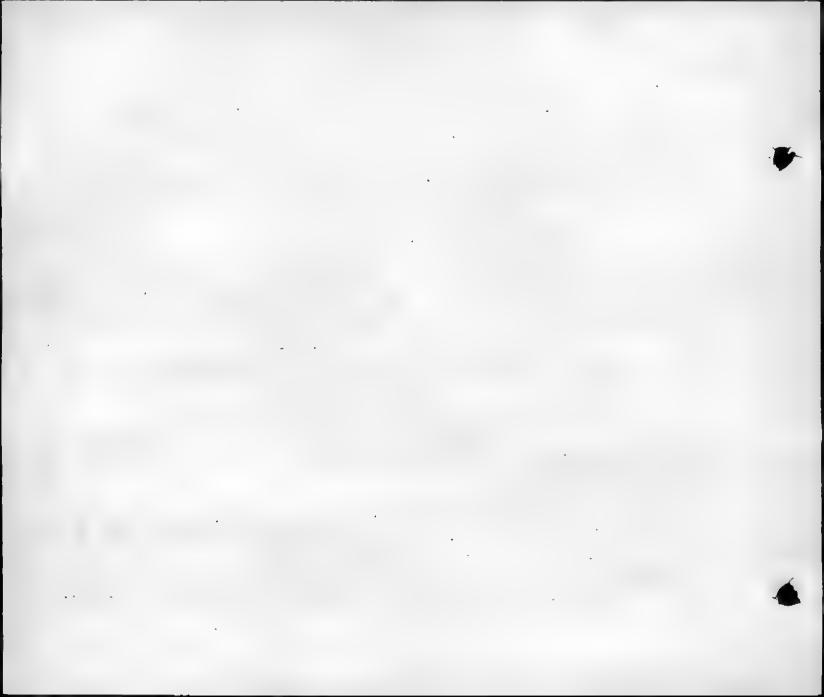
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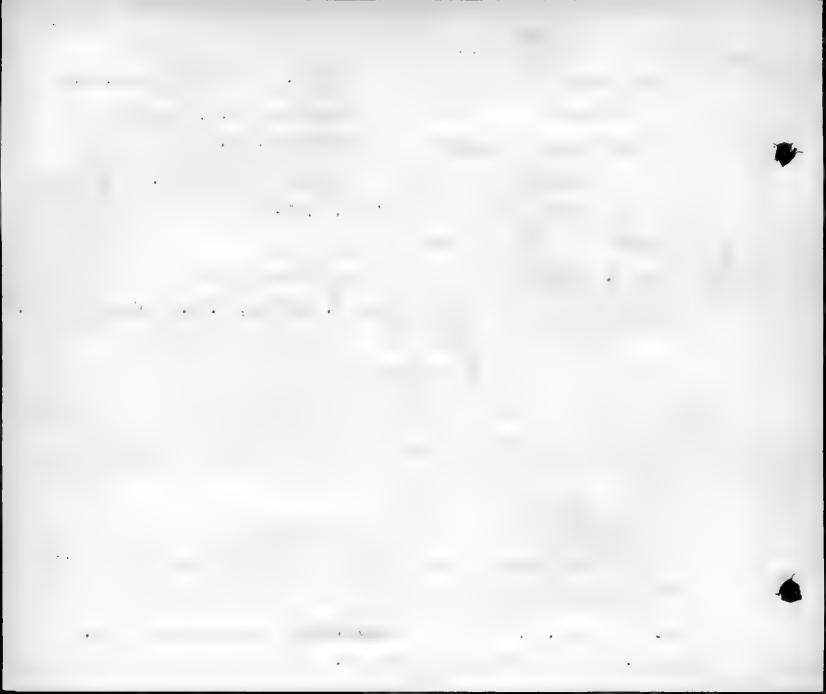
		0.00	CER	RTIFICAT	E OF DEATH			
)		LACE OF DEATH LOUNTY	,	MARYLAND	2 USUAL RESIDENCE (WHO S. STATE	ere deceased lived. If institution b. COUN'		ore admission)
	E	CITY OR TOWN (If outside corporate lin RURAL and give nearest town)	mits, write c LENGTH OF	F STAY IN 1b	0 1	utside corporate limits, write	RURAL and give ne	narest town)
4	C	NAME OF HOSPITAL (IT not in hospital, OR INSTITUTION	give street oddress)	on	d STREET ADDRESS  3005,	Church	54.	e. 15 RESIDENCE ON A FARM? YES NO.
	3. N	DECEASED	rist	Middle	lost SbouRN	4. DATE MOST OF DEATH AUGU	4 ~	Yeor 1968
	5 5	ex 6 COLOR OF RACE	THE REAL PROPERTY.	MARRIED B	Pare of BIRTH	1880 9. AGE (In year lost birthdoy	Months Days	R IF UNDER 24 HRS. Hours Min.
	100.	USUAL OCCUPATION [Give kind of worlduring most of working life, even if retire	done 10b. KIND OF BUSIN	Home	RY 11. BIRTHPLACE (Stole - Charlest	/		OF WHAT COUNTRY?
	II .	father's Name Laurence O.	ShouRN		14. MOTHER'S MAIDEN N	C. Ashba	rugh	
		WAS DECEASED EVER IN U. S ARMED FO., no, or unknown) (If yes, give war or dates of		17 NO 17 INF	S. Paxson	Whitmor	ddress 300 S	Church
		1B. CAUSE OF DEATH [Enter only one PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE T Conditions, if ony, which gove rise to immediate couse (a), stating the under-	(b) Ceveb	13-d	Venous	169.5	IN ON	TERVAL BETWEEN USET AND DEATH  2 Mag.  2 Mag. S
	CATION	PART II. OTHER SIGNIFICANT	none	TO DEATH BUT N	OT RELATED TO THE TERMI	NAL DISEASE CONDITION (	SIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
	CERTIFI	200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER	206. DESCRIBE HOW INJ	JURY OCCURRED.	(Enter noture of injury in	Port I or Port 11 of item 18.)		
	MEDICAL	20c TIME OF INJURY Month, Doy, Y Hour o. m. p. m. 19	While Not while		CE OF INJURY (Home, form ory, street, office bldg, etc.	20f. (City or town)	(County	y) (Stote)
		21. 1 certify tha (1) this haspit saw the deceased alive an			- 1 .31	M, from the causes		
4		22c PHASICIAN'S	Def	M	D PHYS. M	ED STAFF RECTOR PHYS		3-5 LE
		NAME (Type) M.E.	ByrKi	+	28 W	Potom	E W	ust Ma
		BUR AL, CREMATION, 236 DATE THERI	1960 EDC	SE H	14	CHARLE	5 TOWN	Stote) U. VA
	24	FUNERAL DIRECTOR'S SIGNATURE	Han Hag	xutour	M 7/4 DATE ALL		COISTRAR'S SIGNATION & The	JRE

the ottending physician and campletely filled in by the funeral director. Then please remave carbon papers. Pages 1 and 2 shauld be filed with TO HOSP IN OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 the may be the haspital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 the State Board at Health priar to burial, cremation, or remayal, and in any event, within 72 haurs after death. VR A15 (4) 15M 9/59

yrs after death. Page 4



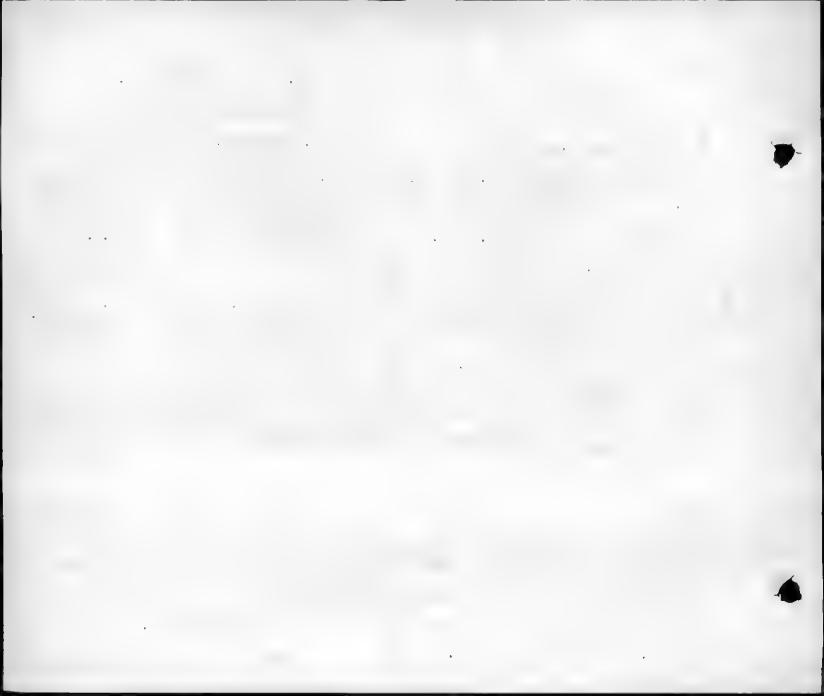


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# MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1 PLACE OF DEATH g. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission)							
WASHINGTON MARYLAND	MD. STATE MD. b. COUNTY WASH.							
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  HAGERSTOWN  LIFE	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)  HAGERSTOWN							
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?							
WASHINGTON CO. HOSPITAL	II7 N. LOCUST ST.							
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year							
(Type or print) ALBERT D. POWELI	SR. OF DEATH \$ 8 19 60							
S SEX  6. COLOR OR RACE 7 MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED	B. DATE OF BIRTH  JAN 26, 1899  9 AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS   Months   Doys   Hours   Min.							
100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  W.M.R.R.	STRY 11. BIRTHPLACE (State or fareign country)  MARYLAND  12. CITIZEN OF WHAT COUNTRY?  U.S.A.							
13 FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
WILLIAM POWELL	MOLLIE GROVE							
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 III	NFORMANY Address							
	BERT D. POWELL JR. 22I SUMMER ST. HAGERSTOW							
PART I. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gave rise to immediate DUE TO	mas clevasis							
couse (o), stating the <u>under-</u> lying cause last.  (c)								
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRE  100. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRE  100. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRE  100. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRE  100. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRE  100. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRE  100. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRE  100. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRE  100. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRE  100. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRE  100. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRE  100. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRE  100. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRE  100. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRE  100. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRE  100. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRE  100. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRE  100. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRE  100. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRE  100. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRE  100. ACCIDENT WAS UNDERLYING WAS UNDE	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO							
	D. (Enter nature of injury in Part I or Part II of item 18.)							
	ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.) (City or town) (Caunty) (State)							
21 I certify that (I) (this haspital) attended the deceased from	april 1958, to July , 1960, that (1) (we) last							
	death accurred at 21th, from the causes and on the date stated above.							
	M.D. ATTENDING MED STAFF SIGNED PHYS.   8/8/60							
120c PHYSICIAN'S RoberTV. L. Campbe	11 Hagerstown md							
230 BURIAL CREMATION 236 DATE THEREOF 23c NAME OF CEMETERY C	OR CREMATORY 23d LOCATION (City, town, or county) (State)							
BURIAL (Specify) 8/10/1960 ROSE HILL	HAGERSTOWN, MD.							
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE							
FRED W. KRAISS HAGERSTOWN, MD.	DATE ANG 10'60 arthur & House							



(Stote)

CERTIFICATE OF DEATH

		CERTIFICA					
1.	PLACE OF DEATH O. COUNTY Washington	MARYLAND	O. STATE	E (Where deceased liveryland	ed If institution: b. COUNTY	Residence before od Washingt	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Figerstown	C. LENGTH OF STAY IN 15	II 4	N (If outside corporate gerstown	limits, write RURA	AL and give nearest (	own)
	d. NAME OF HOSPITAL (If not in hospital, give street or institution Washington County Ho.	,	847 Roll	ing Road		0.	RESIDENCE N A FARM?
3	NAME OF First DECEASED (Type or print)	Middle LORENA	PURDHAM	4. DATE OF DEATH	ugust	7 7	1960
5	TO To 1979, 2 A	ARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH November 2			UNDER 1 YEAR IF U	
$\mathbb{Z}$	a. USUAL OCCUPATION (Give kind of work done liduring most of working life, even if retired) Housewife	Db. KIND OF BUSINESS OR INDU	Luray,	State or foreign count Virginia	(7)	U.S.A.	ATCOUNTRY
	. FATHER'S NAME  Walter R. Miller		14. MOTHER'S MAI	ouise Young	3		
	. WAS DECEASED EVER IN U. S. ARMED FORCES? as. no, or unknown] [If yes, give wor or dates of service]		rs. Josephi	ne Coss E	Address lagerstow	m, Maryla	nd
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Conditions, if only, which gove rise to immediate couse (o), sloting the under  lying couse lost.	artiriose	lerebis	Carel	ral	INTERVA ONSET	BETWEEN ND DEATH
CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IS CONTRIBUTING TO DEATH BUT MULLITUS JESCRIBE HOW INJURY OCCURRE Fell in he	Obesi	to see	iele-	TO PART 1(0) P. W. Kreel PES	AS AUTOTSY RIGRMEDY
MEDICAL	20c TIME OF INJURY Month, Doy, Year 20c Hour a. m 19 01 Wh		ACE OF INJURY (Home ctory, street, office bld	, form, 70f. (Ciff or j., etc.)	legersta	(County)	L 1/2
	21. I certify that (I) (this haspital) attesting the deceased alive an 220 SIGNATURE ELECTRICAL SIGNATURE 22c PHYSICIAN'S NAME (Type) Robert F. Forces	7. Leadle	ATTENDING PHYS 22d. ADDRESS	MED DIRECTOR [	STAFF PHYS	8-8-6	22b DATE S GNEI
23	Robert F. Kear  Burial, CREMATION, 23b DATE THEREOF Burial 8/10/1960	23c NAME OF CEMETERY C	R CREMATORY	Potomac S  23d LOCATION  Hage 18	V (City, town, or o	(ounty)	Stote)
	Burial 8/10/1960  FUNERAL DIRECTOR'S SIGNATURE Suter - Rouzer Funeral H	ADDRESS	250	REC'D BY REGISTRAN	25h REGISTR	AR'S SIGNATURE	Arend

s after death. Page 4 should OR ATTENDING PHYSICIAN: The law requires that the dimit certificate be executed within 24 h physician and completely filled Pages 1 page 3 shauld be detached for use as the burial-transit permit. Then mease remove carbon papers Pages the State Board of Health prior to burial, cremation, ar removal, and in any event within 72 hours after death othending

may be formed by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the

VR A1S (4) 15M 9/59



#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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in by the funeral director, and 2 should be filed with rs after death. Page 4 TO HOSP CATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 they be caused by the haspitol ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 the State Board at Health priar to burial, crematian, or remavol, and in any event, within 72 haurs after death.

VR A15 (4) 15M 9/59

L			CERTITIO		OI DEAIII				
ī	PLACE OF DEATH o. COUNTY			2.	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)				
	Washington		MARYLAN	D	o. STATE Maryl:	and	b. COUNTY	Washi	ngton
	b. CITY OR TOWN (If outside corporate limits RURAL and give nearest town)	write c. LEI	NGTH OF STAY IN 1	ь	c, CITY OR TOWN (If or	utside carporate l	imits, write RURA	L and give nea	rest lown)
	Hagerstown	3	5 years		Hager	stown			
	d NAME OF HOSPITAL (If not in hospital, give or INSTITUTION County Hos		5)	1/1.	d. STREET ADDRESS	ablin St	mont		e. IS RESIDENCE ON A FARM? YES NO
Ę		DENST		4					
3.	NAME OF DECEASED (Type or print) MARGE	A	Middle LICE	RAF	FENSBERGER	4. DATE OF DEATH	ugust	17	· 9 60
		MARRIED 🗌	NEVER MARRIED		ATE OF BIRTH	9. A0		onths Days	IF JNDER 24 HRS Hours Min.
L	Female White	VIDOWED	DIVORCED [	Fe	bruary 6, 1	886 7	4 угз.	Olinia Days	riours min.
10	la USUAL OCCUPATION (Give kind of work do during most of working life, even if retired)	ine 10b. KIND i	OF BUSINESS OR IN	DUSTRY	i i				WHAT COUNTRY?
	ousewife				Baltimore	<u> </u>	nd	U.S.	A
<b>\</b> 3	3. FATHER'S NAME			1	4 MOTHER'S MAIDEN N				
<u>Z</u>	William St	otelmye				J. Bowi	e		
	5. WAS DECEASED EVER IN U. S. ARMED FORC (es. no. or unknown)   (If yes, give wor or dates of ser		L SECURITY NO. 11	7. INFO			Address		
	no		ne	Mrs	. Robert Ca	shman Ha	gerstown	n, Md.	
	1B. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and, (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gove rise to immediate  (b)  CYCP V N  DARM O V N  GOVE TIME TO THE TOTAL BETWEEN ONSET AND DEATH  CONDITIONS  CONTROL TO THE TOTAL BETWEEN ONSET AND DEATH  CONTROL TO THE TOTAL BETWEEN ONSET AND D								
_	cause (a), stoting the <u>under-lying cause last.</u> DUE TO  (c)		12/2	Vi	V9-122 c	21,50	JUN	1	WP.
CATION	Part II. OTHER SIGNIFICANT COND	ITIONS CONTRI	ibuting to <u>death</u> i	BUT NO	T RELATED TO THE TERMIN	NAL DISEASE COI	ADIT <b>IONI</b> G:AEN	IN PART 1(a) 1	PERFORMED? YES NO
CERTIFI		Ob. DESCRIBE I	HOW INJURY OCCU	RRED. (E	nter nature of injury in P	art I or Part II of	item 18.)		
MEDICAL	20c. TIME OF INJURY Manth, Day, Year Hour a.m. 19 p. m. 19		OCCURRED 20e. Not while		OF INJURY (Home, farm, , street, affice bldg., etc.)		own)	(County)	(Stote)
	21 1 certify that (I) (this haspital) attended the deceased fram. Quy S. 1960, ta Quy D., 1960 that (I) (we) last saw the deceased alive on Quy D. 1960, and that death occurred at AM, from the causes and on the date stated above								
	220 SIGNATURE  M.D. ATTENDING MED STAFF SIGNED  ATTENDING PHYS.   ATTENDING PHYS.   22b DATE SIGNED								
	22c. PHYS CTAN'S NAME (Type) (6W/s	6.6	MATN	21	22d. ADDRESS	F.		tight	TE WIT
23	Bur al, CREMATION, 236 DATE THEREOF Burial 8/20/196		NAME OF CEMETER	_		Hage rs	(City, town, or c	7.5	(Stote) ryland
24	Surer - Houzer Funera H. Janklu, Ferger	Dome	ADDRESS Hagerstow	n, M		BY REGISTRAR		AR'S SIGNATUI	



20e. PLACE OF INJURY (Home, farm, 20f. (City or town)

factory, street, office bldg., etc.)

IF JNDER 1 YEAR IF UNDER 24 HRS

12 CITIZEN OF WHAT COUNTRY? U.S.A.

Hours

Doys

(County)

19 60, that (I) (we) lost

(Stote)

225 DATE SIGNED

(Stote)

Mohlins

(	)683 divisi		STATISTIC	ID STATE DE LA LE RESEARCH A	AND RECO	RDS -	BALTIM		
1. PLACE OF DEATH o. COUNTY WASH	INGTON		_	MARYLAND	2 USUA o. STA	L RESIDEN	CE (When		d lived
b CITY OR TOWN ( RURAL and give ne HAGERS'		ts, write	c LENGTI	DAYS	ik.	Y OR TOW	VN (IF OUT		orote li
d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION WASHINGTON COUNTY HOSPITAL						NON!			
3. NAME OF DECEASED	JOHN			Middle	SHOE	Lost	- 1	4. DATE OF DEATH	
5 SEX MALE	6. COLOR OR RACE WHITE	7. MARR	77.	VER MARRIED	B. DATE O		,187	1	9 AC los
100 USUAL OCCUPATION during most of work	DN (Give kind of work of ing life, even if retired)		KIND OF B		- 1	IRTHPLACE IILLS			D.
13. FATHER'S NAME	OHORMAN	T)				THER'S MA		ME	

	2 USUAL RESIDENCE (Who o, STATE			Residence befo	re admission)
AND	MARYL!	AND	b. COUNTY	WASHI	NGTON
4.16	c CITY OR TOWN (If o	utside corporo	te limits, write RURA	L and give ne	arest fown)
	BIG SPR	ENG			
	d. STREET ADDRESS				S RESIDENCE
	NONE				YES A NO
	Lost	4. DATE	Month	Do	y Yeor
(	SHOEMAKER	OF DEATH	AUGUST	25	19 60

9 AGE (In years

SUZANNE 17. INFORMANT Address 16. SOCIAL SECURITY NO OSCAR B. SHOEMAKER **HAGERSTOWN** NONE NO 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN 2 hrs PART I. DEATH WAS CAUSED BY: Coronary Occlusion **DUE TO** 7/4/56 Carcinoma Prostate gave rise to immediate **DUE TO** couse (a), stating the underlying couse lost PART IS OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 PERFORMED? 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.)

M D

21 I certify that (I) (this hospital) attended the deceased from
saw the deceased alive on 8/25/60 19 , and that
220 SIGNATURE M/and
PHYSICIAN'S NAME (Type) G. Warden, M. D.

Month.

Doy, Year

PHYS	MED DIRECTOR	STAFF PHYS
22d. ADDRESS		

Lita. and that death occurred at 7:55P Mm the causes and on the date stated above.

832 Potomac Ave. Hagerstown. Md.

23d. LOCATION (City, town, or county)

DATE THEREO! 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b REMOVAL (Specify) **ADDRESS** UNERAL DIRECTOR'S SIGNATURE

20d INJURY OCCURRED

at work at work

Not while

CLEAR SPRING.

While

250. REC'D BY REGISTRAR

arthur S. Krous DATE AUG 2 9 '60

carban physician .⊆ remove attending please any þ permil. ificate has been signed the burial-transit permi ar attending physician. ь cremation. certificate TO FUNERAL DIRECTOR: After this 3 shauld be detached far Board of Health page 3 sh the State

MEDICAL

20c. TIME OF INJURY

Hour o. m

with director filed

þ should

funeral

2 6 pup

filled Pages 1

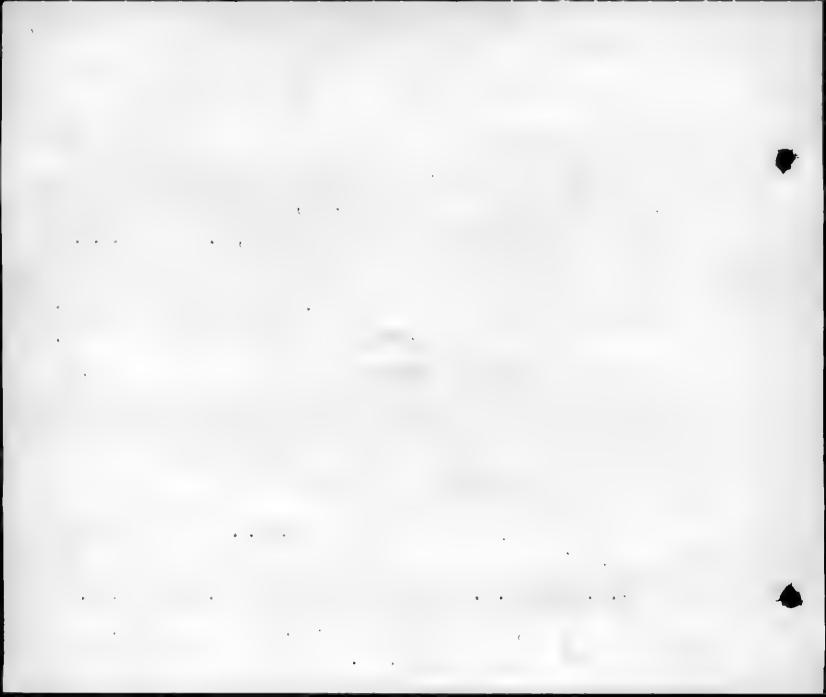
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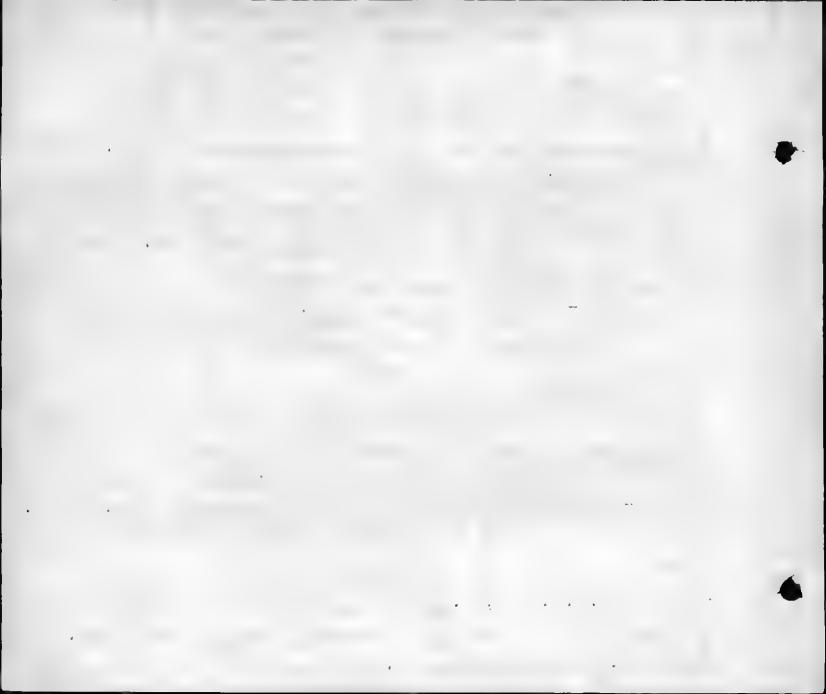
72 haurs after death

papers.

VR A15 (4) 1SM 9/59



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



4 hours after death. Page 4	•	ed 1. by the funeral director,	I and 2 should be filed with	•	
he death certificate be executed within		<ul> <li>attending physician and campletely fill</li> </ul>	en please remave carban papers. Pages	1 in any event, within 72 booms after death	
TO HOSPING ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 incres after death. Page 4	aspital ar attending physician.	fter this certificate has been signed by the	oge 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filled with	the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 boars after death	
TO HOSPI WAR ATTENDI	E> may be d by +∏e ho	TO FUNERAL DIRECTOR: A	poge 3 shauld be detache	the State Board of Health	

R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

1. PLACE OF DEATH G. COUNTY	ashington		MARYLAN		USUAL RESID	Maryl		lived. If institution b. COUNTY	n Residence be Washin		sion)
b. CITY OR TOWN (I RURAL and give no Hagersto		ts, write	c. LENGTH OF STAY IN 1	b ():	ė, CITY OR T		utside corpore	ote limits, write RU 1	JRAL and give	nearest tow	n)
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, orick Stree			, di	d. STREET AL	DDRESS	ick St	•		ON A	SIDENCE A FARM? NO 🔀
3. NAME OF DECEASED (Type or print)	LILLIAN		ALBERTA		SLICK		4. DATE OF DEATH	August		Day 5	Year 1960
s. sex Female	6. COLOR OR RACE White	7 MARI WIDOW	RIED NEVER MARRIED DIVORCED	- 1	ril 1	_		9 AGE (In years lost birthdoy) 65 yrs	IF UNDER 1 YE Months Day	+	Min.
100. USUAL OCCUPATION during most of world Housewif	king life, even if retired	dane 10b.	KIND OF BUSINESS OR IN			svill	e, Mar		12 CITIZEN	OF WHAT	COUNTRY
	y G. Maugan	s S	r.		, MOTHER 3		e Rams	e la compete de			
15. WAS DECEASED EVE				7 INFOR	MANT	Dall	e reduc	Addr	ess		
NO NO. or unknown	(If yes, give war or dates of	ervice)	none	Mr.	Willi	am H.	Slick	: Hagers		id.	
Conditions, if a gove rise to i couse (a), stating lying couse lost	TH WAS CAUSED BY: IMMEDIATE CAUSE (compy which mediate the under:  The under:  The cause of the		are for (o), (b), and (c).]	on.	Conte	ed C	cua.	,C,		SEUT.	Mou:
PART II. OTH	HER SIGNIFICANT CON	IDITIONS ,	CONTRIBUTING TO DEATH	BUT NOT	RELATED TO	THE TERM!	NAL DISEASE	CONDITION GIV	EN IN PART 1(a	PERF	ORMED?
OR CONTRIBUTING	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCU	RRED. (Er	nter nature of	finjury in F	Port I ar Part	II of item 18.}			·
ZOc. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Ye	While			OF INJURY (I street, office			or fown)	(Coun	iy)	(State
saw the decea		1) attend 4/6	ded the deceased fra				M, from	1/5/60 the causes an	, 19, d an the do	ite state	d abave
22o. SIGNATURE	House	(M.	Work	M.D	ATTENDING PHYS		ED.	STAFF PHYS.		2	26 DATE SIGNED
22c. PHYSICIAN'S NAME (Type)	Howard N	. We	eks, M.D.		22d. ADDRE	SS 136 Han	erata	h Potor	re nit	nect	
23g. BURIAL, CREMATIC REMOVAL (Specify)	01-1-1		23c NAME OF CEMETER			-	**	ION (City, town,		(Sto	ste)
Burjal 24. FUNERAL DIRECTOR	8/7/196	U	Rose Hill	Geme	tery	250. REC1	_ mager		Iarylanc STRAR'S SIGNA		
Suter - Rou	zer Funera	1 Hor		, Md	•		JG 11 '6		they S. K		



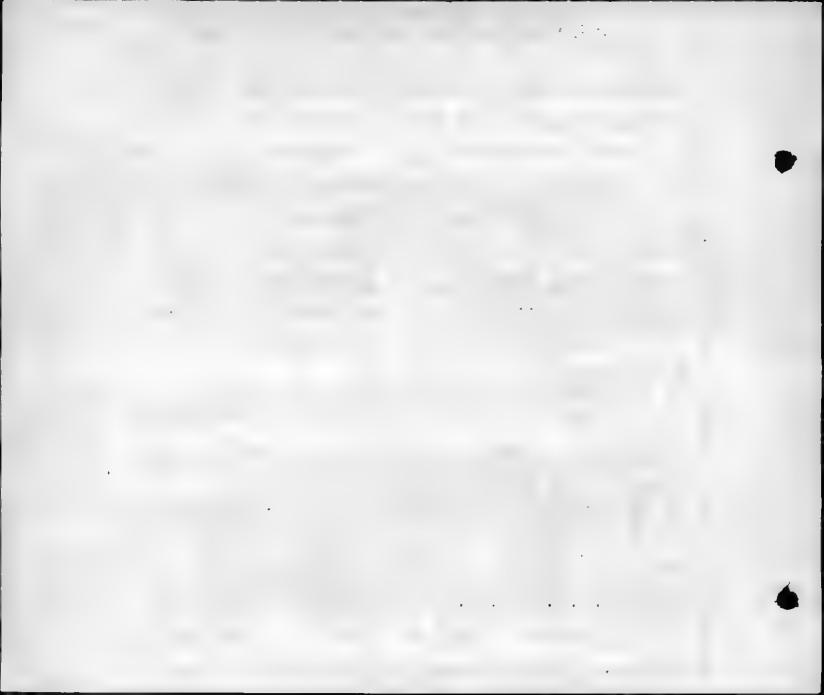
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH	09683
	Reg. Dist. No. 302

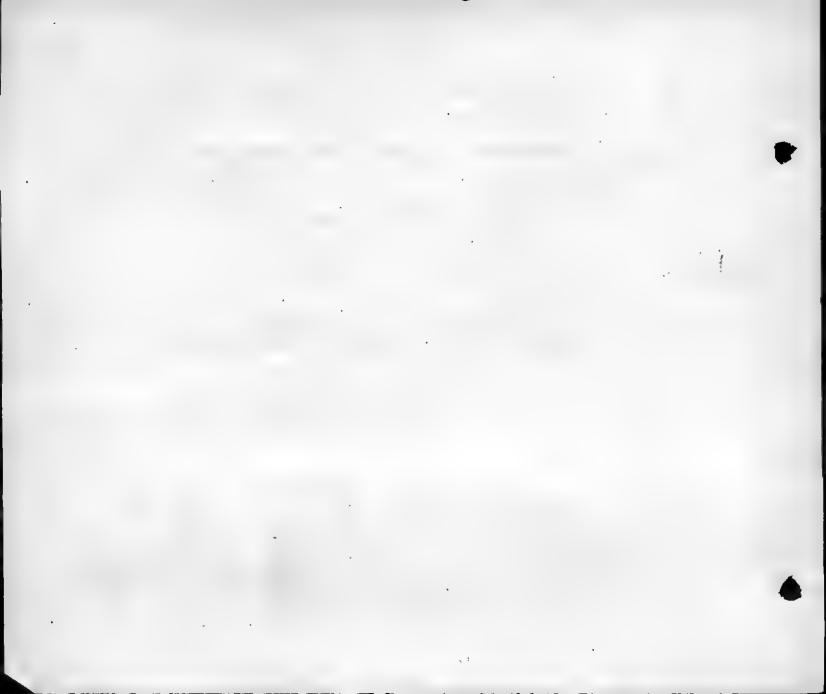
	LACE OF DEATH					2. USUAL RE	SIDENCE (V	There deceas	ed lived. If in	ititution: Reside	nce befo	re odmission)
	. county Washing t	on		MARYI	LAND	Penn	a 17 1 17 2	nie	A COU	NITY More	lan	d Y
b	. CITY OR TOWN (It is and give negrest term)	outside corporate limits, write	RURAL	c. LENGTH OF STAY I	N 1b				porote limits, w	rite RURAL and	give ne	prest town)
H	agerstow	n		10 Hrs	i	Latro	abe					
d	. NAME OF HOSPITA	L OR INSTITUTION (	If not in hos	pital, give street address	)	d. STREET			No. 29 Pro	by with		e. IS RESIDENCE
		n County	Hosp	ital		Rout	e #3		4	*		YES NO
3. N	HAME OF ECEASED	Fin	at	Middle		Los	t	4. DATE	M	enth	Day	Year
	Type or print)	MARLIN		SCOTT	SM	TTH		DEATH	Augus	t 21.	196	30 19
5. SI	EX	6. COLOR OR RACE	7. MARRIE	D . NEVER MARRIED	8.	DATE OF BIRTH	4		9. AGE (in year	IF UNDER		F UNDER 24 HRS.
	Male	White	WIDOWED		ال ا	uly 2		958	<u> </u>	rs. Months	Doys	Hours   Min.
lūa.	USUAL OCCUPATION uring most of working	N (Give kind of work of life, even if retired)	done 10b. K	IND OF BUSINESS OR II	NDUSTR	Y 11. BIRTHPL	ACE (Slote	or fareign c	ountry)	12. CITI	ZEN OF	WHAT COUNTRY?
7									sh Co	Md	USA	
13	FATHER'S NAME					14. MOTHER'S						
V	Eugene	Elmer S	Smi th			Evelv	n Re	gina	Hull			
15.	WAS DECEASED EVE	R IN U. S. ARMED FO	RCES? 16. 5	SOCIAL SECURITY NO.		ORMANT		-G-THE	Addı	'ess		
£100,	no, or unknown]	(If yes, give war or dates of	16(A106)		En	gene	Smit th	Ros	1+0 #2	Latro	ha	Pa
H	18. CAUSE OF DEAT	H Enter only one cau	se per line f	or (a), (b), and (c), ]	1 24	60110	- 431 d. UA		400 // 0	A DICK UAL	INTERV	AL BETWEEN
	PART IL DEATH	H WAS CAUSED BY									ONSET	AND DEATH
	V 20	IMMEDIATE CAUSE (a)					**				111	Hours
	. 5/20	DUE TO		ture Pelvis								
	Conditions, if on gove rise to immedi			ture Left 1							-	
	(o), stoting the u			ebral Concus								
	couse last.	) (c)		able Inter						<del></del>		
Z	PART II, OTHI	ER SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO DEATH	BUTNO	T RELATED TO	THE TERMI	NAL DISEASE	CONDITION	GIVEN IN PART	1(0) 19.	WAS AUTOPSY PERFORMED?
181											YE	S NO
CERTIFICATION	200. EXTERNAL CAUS	SE WAS 20	b. DESCRIBE	HOW INJURY OCCUR	RED. (En	ter nature of in	jury in Port	Lor Port 31	of item 18.)			
H	PRIMARY TO OF CON	IKIBUTING LI	ationt	struck by	ant	a when	he no	m out.	on nuh	lic roa	d.	
13	20c. TIME OF INJURY			NJURY OCCURRED 20	e. PLACE	OF INJURY (	Home, form	. 20f. (City		(Cov		(Stote)
MEDICAL	Hour	0 00 10	While	Not while	factor	y, street, office	: bldg., etc.	)   ' '				
	5:/15 p.m.	8-20- 16	M-	k ot work	alnu	t. Point	t Koar	THREE	rstown,	Washir	ettor	Marylan
				emoins described							_	and find that
1	death resulted	from: Noturol	couses [	], Accident X,	Suici	de ∐, H	lomicide	D, Ur	determine	d couse 🔲		
8		F	10	7								DATE SIGNED
\$ 19.	ACTUAL SIGNATURE	In the	00	in b		M.D. CHIEF A	MEDICAL EX	AMINER 🔲				DATE SIGNED
	FWA SELLEMBER	,				ASSISTA	NT MEDICA	AL EXAMINE	≈□ 8	-22-60		
	EXAMINER'S NAME (Type) D	r. E. W. D	itto.	Jr.		DEPUTY	MEDICAL E	XAMINER	)			
220.	BURIAL, CREMATION			22c. NAME OF CEMETER	RY OR C	REMATORY		22d. LOCAT	ION (City, tow	n, or county)		(Stote)
1	REMOVAL (Specify)	8/23/60	2	Shanktown	Ca	matari	T.	Shanl	rtown	Wash C	io M	id
_	UNERAL DIRECTOR'S			ADDRESS	تا ا	me ner '	240. REC'I	BY REGISTI	RAR 246. KE	GISTRAR'S SIG	NATURE	
	Andrew K	. Coffman	· U-	geratown	16.5		DATE A	UG 2 4 '	60	Julian S.	that	.A
June	A STATE OF THE STA	- Collings	1. 18.	THE PROPERTY OF	Md		PAIL					



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH director PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission o. COUNTY **b.** COUNTY ASHINGTON MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b è c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) shauld d NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? C-LENGID YES NO X NAME OF Middle 4. DATE Yeor Pages DEATH (Type or print) 1960 IIG (ST S. SEX 6. COLOR OR RACE 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Months Doys WIDOWED IX DIVORCED | yrs. popers. Ido. USJAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stote or foreign country 12, CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) and MASH BE MORE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician b BUDHANON гетточе IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT attending 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). **DUE TO** Conditions, if any, which gove rise to immediate DUE TO cause (a), stating the underlying couse lost. PART 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO offending 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INVERY (Hame, form, 20F (City or town) factory, street, office oldg, etc.) Doy, Yeor 20d. INJURY OCCURRED (County) Hour a.m. While Not while p. m. ot\_work of work After i 21. I certify that (I) (this haspital attended the deceased fram. , and that death accurred and saw the deceased alive of M, from the causes and on the date stated obave. TO FUNERAL DIRECTOR: 220 5 GMAD 26 DATE M.D. PHYS. DIRECTOR 22c PHYSICHAN'S 22d. ADDRESS 3 should NAME (Type) 23g. BUR AL, CREMA ION. 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town, or county). (State) REMOVAL (Spec fy) 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 2So. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE **VR A15 (4)** 

(State)

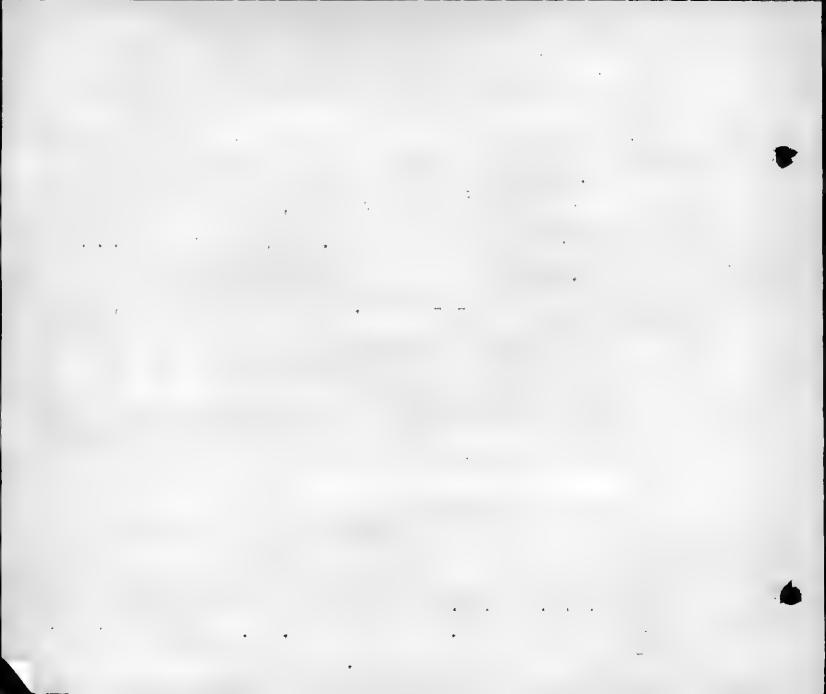
SIGNED



or remayal.

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9692 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

-)			Keg, Dist. No.						
1	I. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)						
	Washington	MARYLAND	o. STATE Mary	land b. county	Washington				
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	e. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	autside corporate limits, write Rt	URAL and give nearest town)				
	Hagerstown	2 years	Hage:	rstown					
1	d. NAME OF HOSPITAL OR INSTITUTION (If not in hosp		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?				
	Washington County Hospi	tal	/ 27 Red Oa	k Drive	YES NO 1				
	3. NAME OF First DECEASED	Middle	Lost	4. DATE Month	Day Year				
	(Type or print) REV. AUGUST	KARL	STENZEL	DEATH August	24 19 60				
	5. SEX 6. COLOR OR RACE 7. MARRIEI	FUNDER TYEAR IF UNDER 24 HRS.							
	Male White WIDOWED		January 27,	ТУТС 40 yrs.	Months Days Hours Min.				
	10o USUAL OCCUPATION (Give kind of work done 10b. KI during most of working life, even if retired)	IND OF BUSINESS OR INDUSTRY	Y 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY?				
1	Lutheran Minister		St. Louis	Missouri	U.S.A.				
)	13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME					
/	August A. Stenzel		Matilda J	ohannigmeier					
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service)	SOCIAL SECURITY NO. 17. INF	FORMANT	Address					
		92-03-0932   Mrs	Dora Sten	zel Hagers	town, Maryland				
	18. CAUSE OF DEATH Enter only one cause per line for	or (o), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH				
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Coror	nary Atheroscle	rosis		Indefinite				
	DUE TO Corona	ary Occlusion C	old & Recent						
	Candilions, if any, which) (b) Myocal	rdial Infarctio	on Old & Rece	ent					
	gave rise to immediate cause (a), stating the underlying DUE TO	**							
		ac Hypertrophy							
	PART II. OTHER SIGNIFICANT CONDITIONS COI	NTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMI	NALDISEASE CONDITION GIVEN	N IN PART 1(a) 19. WAS AUTOPSY PERFORMED?				
	N N N N N N N N N N N N N N N N N N N				YES- NO				
	PART 11. OTHER SIGNIFICANT CONDITIONS COI  200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING COUNTRIBUTIONS CAUSE OF DEATH.	HOW INJURY OCCURRED. (Ent	ter noture of injury in Port	I or Port II of item 18.)					
	Z 20c. TIME OF INJURY Month, Day, Year 20d. IN	NJURY OCCURRED 200. PLACE	OF INJURY (Home, form,	20f. (City or town)	(County) (Slole)				
	20c. TIME OF INJURY Month, Day, Year 20d. IN White p. m. 19 at worl	Nat while tactors	y, street, office bldg., etc.)						
	21. I certify that I taak charge of the re	emains described abave	e, held an Autapsy	Inspection .	Inquiry , and find that				
death resulted from: Natural causes 🗓, Accident 🔲, Suicide 🗍, Homicide 🗍, Undetermined cause 🗍.									
-alm	1	n A		_	_				
	SIGNATURE AL COLONIA DATE SIGNAL EXAMINER D								
	100		ASSISTANT MEDICA						
	NAME (Type) The Fig. 10 11++0	Jn	DEPUTY MEDICAL E	XAMINER ₩ 8-2	4-60				
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)									
	Burial 8/29/1960	St. Trinity Lu	teran Cem.	St. Louis,	Missouri				
	Zuter - Houzer Funeral Home	ADDRESS e		BY REGISTRAR 24b, REGISTR	RAR'S SIGNATURE				
	R. Franklin Person Hagerstown, Md. DATE AUG 26'60 7 1 8 Hours								



DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

o STATI

09685

Day

2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)

b. COUNTY !

putside corporate limits, write RURAL and give nearest town)

director, iled with filed the funeral a filled Pages death. cample papers and ğ physician .⊆ гетпоче please dny, the ٩

. PLACE OF DEATH

b. CITY OR TOWN (If outside corporate limits, write

RURAL and give nearest town

o. COUNTY

altending ; permit. has been signed burial-transit physician 6 matian, attending Cre After this certificate ş SD b detached far Health FUNERAL DIRECTOR: e Q ed 2 3 should page 3 sh the State I 0

VR A15 (4) 1SM 9/59

that the death certificate

OR INSTITUTION A. (If not in hospital d. STREET ADDRESS NAME OF DATE Month DECEASED DEATH (Type or print) AGE (In year) IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED T NEVER MARRIED T 8 DATE OF BIRTH COLOR OF RACE lost birthdoy) WIDOWED 17 C yes 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if the life work done 12. CITIZEN OF WHAT COUNTRY? aine 13. FATHER'S NAME 14. MOTHER 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT 205-09-04 CAUSE OF DEATH [Enter only one cause per-line for (o), (b), and (c)." PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO Conditions, if ony, which gove rise to immediate **DUE TO** cause (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f (City or town) Doy, Year 20d INJURY OCCURRED factory, street, office bldg , etc ) MEDI Haur a.m. While Not while of work of work 1960 that (1) (we) last 21 1 certify that (1) (this hospital)/attended the deceased from saw the deceased alive an and that death occurred at M. Unomithe causes and an the date stated above 22a. SIGNATURE M D. PHYS MED DIRECTOR STAFF 22c PHYS CIAN'S 22d ADDRESS NAME (Type BURIAL, CREMATION, 235 DATE THEREOF CEMETERY OR CREMATORY 23d\_LOCAT ON (City, town, or county) JO BMAIL REMOVAL (Specify) 24 FUNERAL DIRECTOR'S SIGNATURE AQDRESS 25o. REC'D 8Y REGISTRAR 25h REGISTRAR'S SIGNATURE DATE AUG 1 0 '60 arthur S. Herre

c. LENGTH OF STAY IN 16

IS RESIDENCE

ON A FARM? YES NO

Year

INTERVAL BETWEEN

ONSET AND DEATH

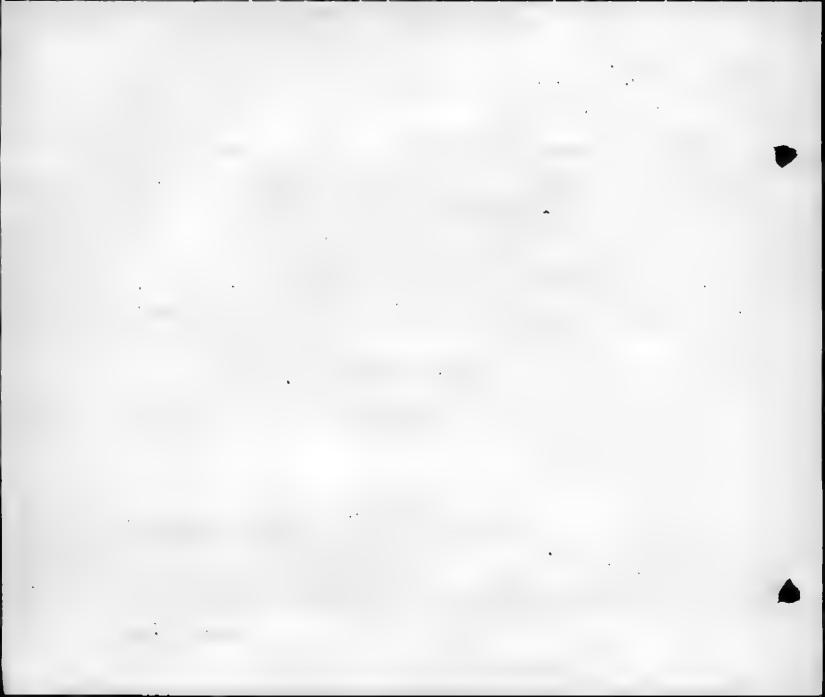
PERFORMED? YES NO 1

(Stote)

DATE

(State)

(County)



### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

09686

		CERTIFICATE OF	DEATH	
1		a COUNTY - STATE	RESIDENCE (Where deceased lived. If institution Residence before admission)	
- 1		Washing toy MARYLAND	Tehna Franklin	
	Ŀ	RURAL and give nearest town)	OR TOWN (IF outside corporate limits, write RURAL and give nearest town)	
đ		Hagerstown 2 WKS	Coreenca SHE	
1	•	d NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION  d. STREE  Washington  Co. Hospital  7	Set ADDRESS  ON A FARM YES NO	W?
		3 NAME OF DECEASED (Type or print)  Beviah  Widdle  Student	Daush 4. DATE Manth Day Year DEATH Acrost 196	50
	5. 5	5 SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF B	9. AGE (in yers last betheap)  1. AGE (in yers left under 1 YEAR IF UNDER 24  Months Days Hours M	_
	10a	10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY A) BIRTI	THPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNT	TRY
		during most of working life, every firefired)	Franklin Co. Tenna USA	
	13.		IER'S MAIDEN NAME	
1		Russell S- Kuhh	Zarah Wagher	
		15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 JUNFORMANT (Ves. no. of unknown) (If yes, give wer or dates of service)	V. Stundand Theore sa to the	
		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BETWEE	N
		PART I. DEATH WAS CAUSED 87: IMMEDIATE CAUSE (a)	Tours	
		Conditions of any which is the state of the	- Proted 118	
		gave rise to immediate cause (o), stoting the under-	7	
		lying couse lost. (c)	4	
	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	D TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTO PERFORMED YES NO	0?
	CERTIFICATION	200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Contributing   Cause of Death (IF Either, NOTIFY MEDICAL EXAMINER)	ure of injury in Port ( or Por) () of item 18 )	
	MEDICAL	ZOC. T-ME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Haur a.m. While Not while foctory, street, al	JRY (Hame, farm, 20f. (City or town) (County) (S affice bldg., etc.)	itote
	ME	p. m. 19 of work of work	a L	
à		21 I certify that (I) (this haspital) attended the deceased fram.	19 2. ta / 11/1/ 19 2. that (1) (we)	las
-		saw the deceased alive an 14th 11 1960, and that death account	irred at M, from the causes and on the date stated abo	ve
ď.		22a SIGNATURE ATTEND	22b DA1	
		22c PHYSICIAN'S 22d AD	DDRESS	
		NAME (Type)	, ,	
	23a	230 BLR A., CREMATION 23b DATE THEREOF 23c NAME OF CEMETERS OR CREMATOR'S	RY 23d. LOCATION (City, town, or caunty) (Store)	
	24	24. FUNGRAL DIRECTORIS SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE	
	est.	Strafel M. Elmmenan Suementle, 1a	DATE AUG 17'60 Cirthur & Kraus	
	CL		The state of the s	

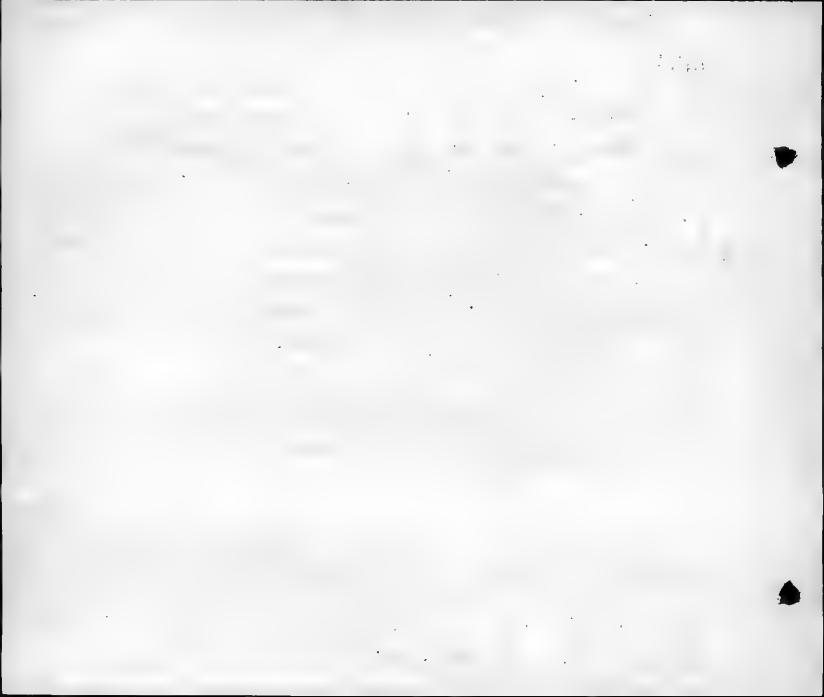
may be when by the hospital or attending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fittled page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 haurs after death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 TO HOSP

is after death. Page 4

y the funeral director, and 2 shauld be filed with

VR ATS (4) 15M 9/59



irs ofter death. Page 4

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

ned by the haspital or attending physician

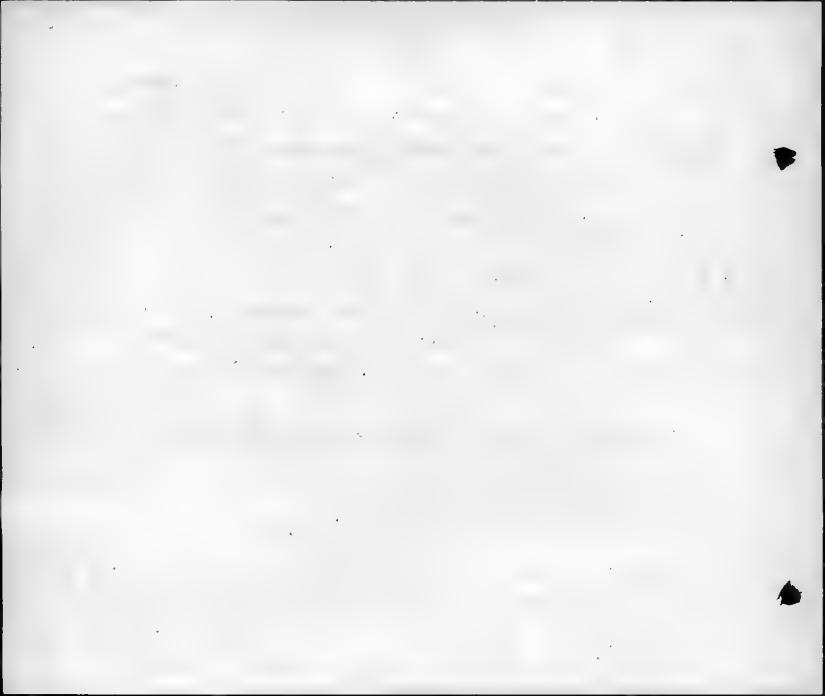
TO HOSP may be.

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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

**CERTIFICATE OF DEATH** 

)	1. F	PLACE OF DEATH  1. COUNTY	a. STATE b. COUNTY
		MARYLAND  S. CITY OR TOWN (If ausside carporate limits, write   c. LENGTH OF STAY IN 1b	THE STAND WASHIVE TOWN OF GUISIGE CORPORATE LImits, write RURAL and give nearest town)
	`	RURAL and give nearest town)	A 200 1
	_	d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS I. IS RESIDENCE
	L.	OR INSTITUTION	ON A FARM?
		NESTERN NIAIRYLAND STATE HOSPITAL	TOURIST TO THE PARTY OF THE PAR
		Type or print) Sarah First Ana	SIMMEDE DEATH Day Year Day Year
	5 5	J-7 - 11/12	B. DATE OF BIRTH 9, AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS
	- [	DIVERSE T	A NI DIZU JU - 1874 last birthday) Manths Days Haurs Min.
	106	USJAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDU	
		during mast af warking life, even if retired)	W. O. Wassa a source
\	13.	FATHER'S NAME	14 MOTHER'S MAIDEN NAME
		design Kins	MACDALDUE EACTEDONY
/			NFORMANT Address
	Itax	. no, or unknown) (If yes, give war or dates of service)	CHN E. SUMMERS BOONSBORD MORRE
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Obular	Dreumania Bilateral 3 Weeks
		DUE TO	
		Canditions, if any, which ) (b) Arterio Sclerotic	heart disease with congostine - Unknown
		gave rise to immediate cause (a), stating the under-	- heart fallure
		lying cause last. (c)	
	CATION		NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	ICA1	Mumonary smphysema Stabetes	Mellitus Puelo nephritis. YES NO TO
	CERTIF	OR CONTRIBUTING TO CAUSE OF DEATH	D. (Enter nature of injury in Part 1 of Part 12 of item 18)
		(IF EITHER, NOTIFY MEDICAL EXAMINER)	
	MEDICAL	Haur a.m. While Nat while fa	ACE OF INJURY (Hame, farm, 20f (City ar tawn) (County) (State) ctary, street, affice bldg , etc.)
	Ž	p. m 19 at wark at wark	At the state of th
		21 I certify that (I) (this haspital) attended the deceased fram.	
vf.		saw the deceased alive an Aug. 94.19 6 and that a	death accurred at the causes and an the date stated above
l		11	ATTENDING MED STAFF 1
		22c PHYSIC ANS	MD PHYS DIRECTOR PHYS PARS 24 1460
		NAME (Tybe)	1500 Penna Ave Hagerstown MA
	23a	BURIAL, CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY O	OR CREMATORY 23d LOCAT ON (City, town, or county) (State)
		PUNIAL (Specify) SEPT. 1.1960 MT. CARMEL	COEMETERY DITICAPMEN MACH. C. MIZ
	24	FUNERAL PIRECTOR & GNATURE ( ) ADDRESS	250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
		Note II. Klist BOONSBORO/	VID. DATES 6 160 Called & Kraus
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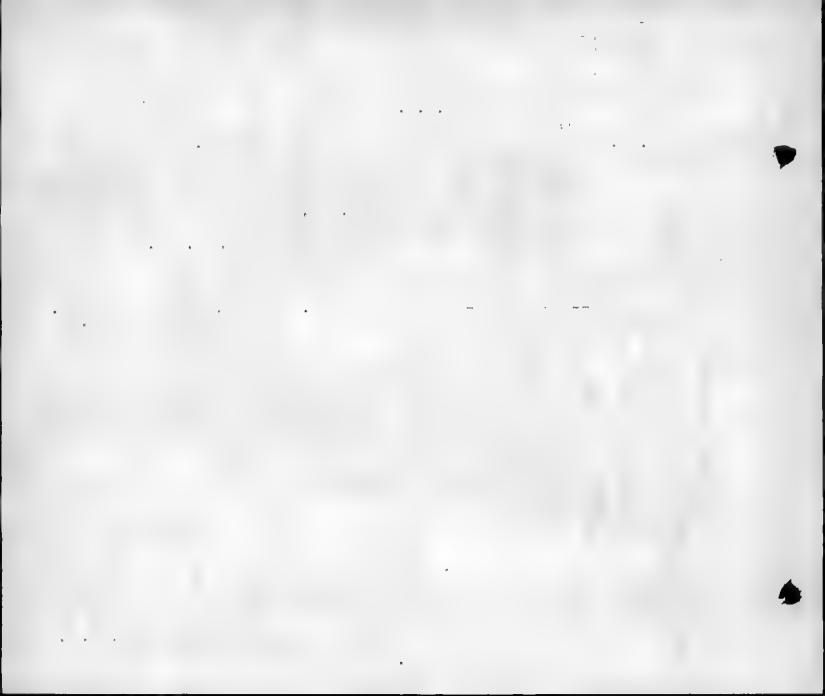


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	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
695	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	R

Reg, Dist.	No. (19688
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7-1:	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)				
	" o. COUNTY Washington MARYLAND	o. STATE Maryland b. COUNTY Washington				
ľ	b. CITY OR TOWN (II outside corporate limits, write RURAL   c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				
	Haggerstown D.O.A.	Hagerstown				
15	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?				
1	Wash.Co.Hospital	838 Chestnut St. YES NO CX				
	R. MAME OF First Middle DECEASED Type or print) ANNA AMELITA TEMPLO N	Lost 4. DATE Month Doy Year OF DEATH August 17, 19609				
	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 3					
L		oct. 13, 1912 47 yrs. Months Days nous Min.				
-   '	Oa. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country)				
egthinspace = 1000	Housewife Own home	Hagerstown Wash. Co. Md. USA				
- 1)	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
1	Percy Rhodes	Bertha Brewer				
	(fit yes, give wer or dates of service)	NFORMANT Address				
L	No 20-49-0372 F	rank J. Templon, 828 Chestnut St				
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	Hagerstown intrea Between ONSET AND DEATH				
	PART I. DEATH WAS CAUSED BY:  UMMEDIATE CAUSE (0)  Coforter	This tope 1 day				
	TO DUETO 1 (					
	Conditions, if any, which) (b)	clare dear				
	gove rise to immediate cause (a), stating the underlying DUETO					
	couse lost. (c)	•				
•	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPSY				
		YES NO				
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO DESCRIBE HOW INJURY OCCURRED. (E. CAUSE OF DEATH.)	nter nature of injury in Port I or Part II of item 18.)				
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE	CE OF INJURY (Home, form, 20f. (City or town) (County) (State)				
	20c. TIME OF INJURY Month, Day, Year Hour a. m. P. m. 19 of work of work of work	rry, street, office bldg., etc.)				
	21. I certify that I took charge of the remains described abo	ve, held an Autopsy 📆 . Inspection 🔲 . Inquiry 🔲 , and find that				
	death resulted from: Natural causes Accident (1) Suid	cide, Homicide, Undetermined cause				
	1 Mining Hall	.0				
	SIGNATURE STONATON AC 19915W	M.D. CHIEF MEDICAL EXAMINER  DATE SIGNED				
-1	avanues 11	ASSISTANT MEDICAL EXAMINER \$ 19/60				
	EXAMINER'S HOWARD WEEKS M	DEPUTY MEDICAL EXAMINER				
2	20. BURIAL, CREMAT ON, 226. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)	CREMATORY 22d. LOCATION (City, town, or county) (Stote)				
_	Burial 8/20/60 Rest Haven C					
- 1	3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE AUG 2 3 '60				
Andrew K.Coffman, Hagerstown, Md.						



Super - Rouzer Funeral Home

ADDRESS

Hagerstown, Md.

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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256 REG STRAR'S SIGNATURE

25o. REC'D BY REGISTRAR

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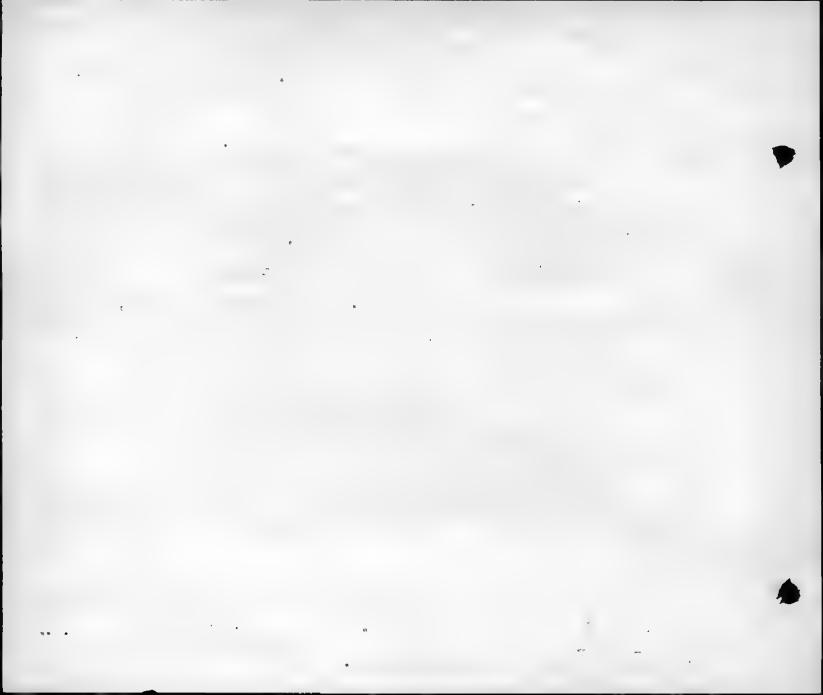
1 PLACE OF DEATH

2, USUAL RESIDENCE (Where deceased lived If institution: Residence before admission o. COUNTY **b** COUNTY MARYLAND Washington Maryland Washington b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Hagerstown Hagerstown d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION Western Maryland State Hospital YES NO TO 845 Mulberry Ave. NAME OF Middle DATE Month Day Year DEATH 19600 (Type or print) \_///SE MUNDER TYEAR IF UNDER 24 HRS 9. AGE (In years lost birthdoy) 82 yrs. 6. COLOR OR RACE 8 DATE OF BIRTH 7. MARRIED NEVER MARRIED Months Days Hours Female White October 10, 1877 DIVORCED | WIDOWED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Housewife Zwickau. Germany German 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Wilheim Sonntag Lydia Grosse 17 INFORMANT 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Address Mrs. Hertha Altmann Hagerstown, Maryland no none 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL SETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY LOBULAR PNEUMON'IN 202045 IMMEDIATE CAUSE (o) DUE TO arteriosclerosis, general Conditions, if ony which gove rise to immediate **DUE TO** cause (a), stating the underlying couse lost. PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) WAS AUTOPSY PERFORMED? YES NO Cardiac hypertrophy 200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH 20b DESGRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY 20e. PLACE OF INJURY (Home, form, , 20f. (City or town) Month, Day, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, affice bldg , etc.) Hour o.m. While Not while at work ot work p. m. 21 I certify that (1) (this haspital) attended the deceased from 12/14 1960 to AU9.1 saw the deceased alive an allegil 1960, and that death accurred at 550 M, from the causes and on the date stated above. 22o SIGNATURE SIGNED MED DIRECTOR 22¢ PHYSICIAN'S NAME (Type) 230 BUR AL, CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Cedar Hill Cemeterv Cremation Washington

pup 2 physicu ottending <u>a</u>, permit DIRECTOR: TO FUNER

requires that the dilath certificate

VR A15 (4) 15M 9/59



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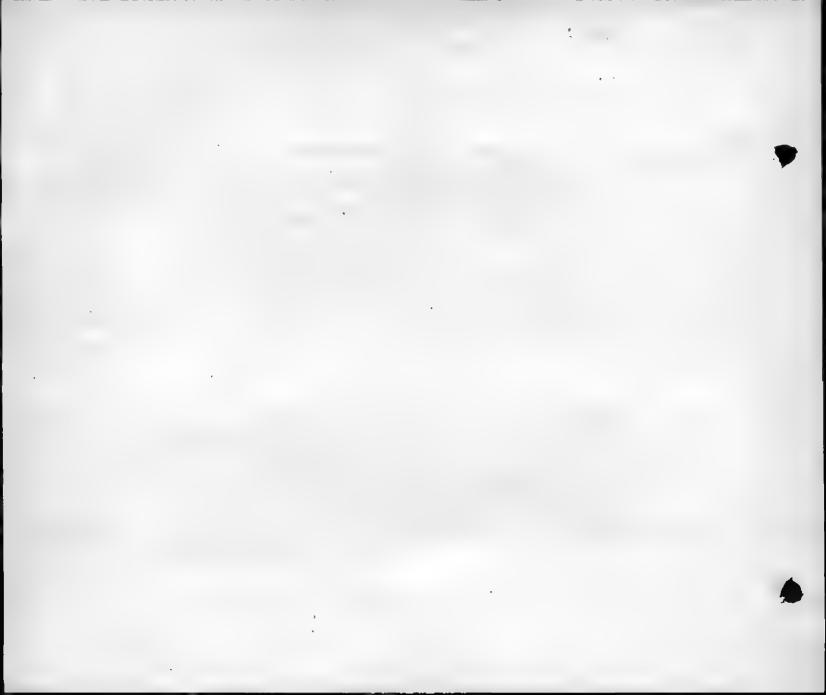
## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CEPTIFICATE OF DEATH

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¥1/		000	, 4	CERTIF	CAIL	OF DEAT	n		000	U
_/	1 F	LACE OF DEATH			2.		(Where deceased in	ved. If institution, Re	sidence before adm	ission)
i	٥	S. COUNTY	NGTAN	MARY	'LAND	MARILIA	MAIN	P. COUNTY Y	SHINGTE	į,
		CITY OR TOWN (IF ou	<del></del>	vrite c LENGTH OF STAY	IN 16	7 4 1 7 3 3 3 3 3 3	11812	e limits, write RURAL	21111111111111	· ·
		RURAL and give neares	if fown)	10 Daile	lk	0		- 01		
1	_	THUES	T G VY A	110 VAYS		DOONSB		$LD \cdot I \leq I$	_ IC 10	ESIDENCE
71	1	d. NAME OF HOSPITAL ( OR INSTITUTION	ir not in hospitot, give	street oddress)		d. STREET ADDRESS	,		ON	A FARME
		MASH.	(O, H	OSPITAL	IF	KOUTE L	1CA -1	VORTH	YES	NO Z
7		VAME OF DECEASED	First	Middle		Last	4. DATE OF	Month	Day	Yeor
		Type or print)	1 ESTIE	HARBAU	C.H. V	ALENTIN	DEATH ,	AUKINST -	4-	1960
	S. S	SEX 6	COLOR OR RACE 7.	MARRIED M NEVER MARRI	ED   8. C	ATE OF BIRTH	9.		NDER I YEAR IF UN	DER 24 HRS
		KANI M		DOWED DIVORCE		h 12411. 11.	100-11	Tost birthdoy) Mor	ths Days Hour	s Min
	100	USUAL OCCUPATION	YU (1) 1/-	10b. KIND OF BUSINESS C	<u> </u>	HISE THELE	ote or foreign cour		CITIZEN OF WHAT	COUNTRY
	0	during most of working	life, even if retired)	TOD. KIND OF BOSHIESS C		THE SIKE IN BACK (S.	010 01 10.00g. 00-1		44.0	000711111
	1/4	TIRED TOOL	CRINDER J	MISON COLD STOP				PENNA	VISIA	
	13.	FATHER'S NAME			'	4. MOTHER'S MAIDE	N NAME			
		SEUBL	EN VAL	ENTINE		////	ARY ST	TULL		
	15.	WAS DECEASED EVER IN	L. S. ARMED FORCES s, give war or dates of service	? 16. SOCIAL SECURITY NO	17 INFO	RMANT		Address		
_	(	NG	s, give war at oates or service	214-09.975	6 MIRS	MARY VA	LENTINE	E BOONSI	30R0 ME	2.12.1
1		18 CAUSE OF DEATH	Enter only one couse	per line for (o), (b), opd (c).			/		INTERVAL	BETWEEN
l,		PART I. DEATH	WAS CAUSED BY:	Hungeton	: send	Cardinill	aculo.	Miner-	ONSET AN	D DEATH
_/		IM.	MEDIATE CAUSE (o)	1 y peacen	200-	NO GUNIA	Vacana	our con-	0	7-00
		7 45	DUE TO '	Parale	- 6	1/			1.1	1 -
		Gonditions, if ony,		'Cecevi	al	/ Melon	orna	g_2	1.00	ury
		couse (o), stoting the					/			1
		lying couse lost.	(c)							
	NO.	PART II OTHER	SIGNIFICANT CONDITI	ONS CONTRIBUTING TO DE	ATH BUT NO	T RELATED TO THE TE	RMINAL DISEASE C	CONDITION GIVEN IN	PART 1(o) 19 WA	S AUTOPSY FORMED?
	CAT								YES [	
	TIFI	20a ACCIDENT WAS U	NDERLYING   206	DESCRIBE HOW INJURY O	CCURRED. (	Enter noture of injury	in Port I or Port II	of item 18.)		
	CERTI	OR CONTRIBUTING []	CAUSE OF DEATH   DICAL EXAMINER)							
	¥	20c. TIME OF INJURY		20d. INJURY OCCURRED	20e, PLACE	OF INJURY IHome, I	form, 20f (City of	· lown\	(County)	(Stote
	MEDICAL	Hour o.m.	10	While Not while		, street, office bldg.,			1000/1	
nā.	*	p m	- 17	ot work O ot work	1			./	1-01	
		21 I certify that (I	l) (this hospital) a	ttended the deceased	fram. #3	Wy Ib	1960 to A	U4:4.	1960, that (1)	(we) las
		saw the deceased	alive an Aug	1960, and	that/dea	th accurred at	Jo Mr. fram th	e causes and or	the date state	ed abave
1		220. SIGNATURE	1116116							226 DATE 5 GNE
1		- 01	MUU	W-	M.D	ATTENDING PHYS.	DIRECTOR	STAFF PHYS		2 GIVE
		22c. PHYSICIAN'S	101	11		22d. ADDRESS	1			-
		NAME (Type)	· Wike	Van		120	onser	20	Me	7
υ,	230	BUR AL, CREMATION,	23b DATE THEREOF	23c NAME OF CEM	FTERY OR C	REMATORY	23d LOCATIO	N (City, town, or cou	(ntv)	tote)
Y	1	REMOVAL (Specify)	10 5 10-5	10				A	1 -	/
, 1	2.	DURIAL	AUG:1-196		CREE	3	7 9	11-1-1-12-12-12-12		, N( 1).
1	24	FUNERAL DIRECTOR'S SI	71. 130 N	PADDRESS POONS 13	117 n	lan.	EC/D BY REGISTRA		A S. Frank	
18		1	E " W COLLY	1 / /IFIINI NO 1/	VILO !	1 DATE	atte 1 ti ht	سالمارل)	1 83,	

TO HOSP! OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24. Its after death. Page 4 may be the lost to a stranging physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon popers. Pages 1 and 2 should be filed with the State Board of Health priar to burial, cremotian, ar remaval, and in any event, within 72 haurs after death. DI FLAN VR A15 (4) 15M II/59



pop 8 physici attending gned DIRECTOR: FUNERAL

filed

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funeral

Filled

pletely

alive an

ACTUAL SIGNATURE PHYSICIAN'S

ADDRESS (Striet, city or town, slote)

NAME (Type) 220. BURIAL, CREMATION,

DATE THEREOE

22c. NAME OF CEMETERY OR CREMATORY

22d\_LOCATION (City, town,

EUNERAL DIRECTOR'S SIGNATURE

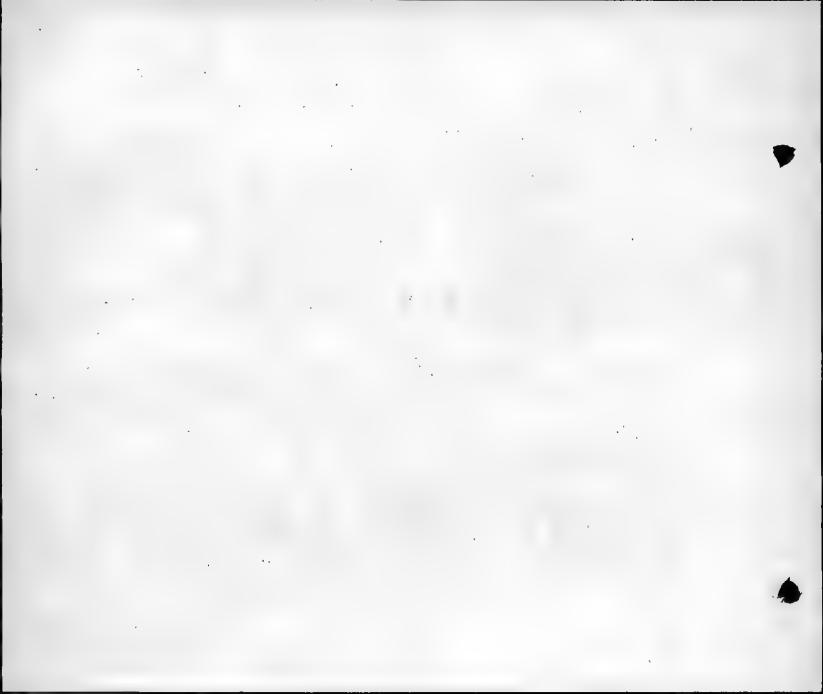
**ADDRESS** 

REC'D BY REGISTRAR

245. REGISTRAR'S SIGNATURE

VS A15 (4) 15M 9/58

page a e 10



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CEPTIFICATE OF DEATH

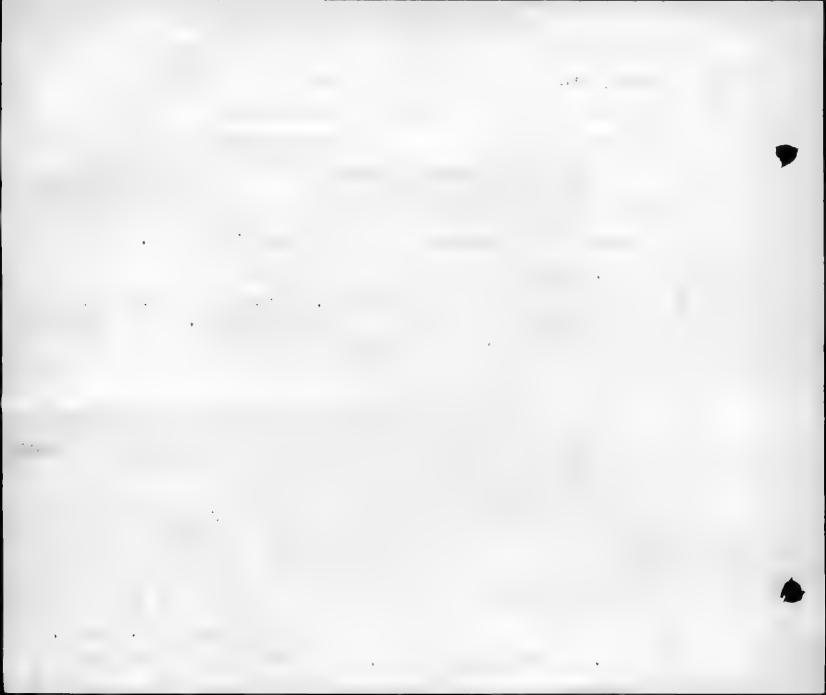
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000	, , ,	CERTIFICA	ALE OF DEATH	302	(1000)
PLACE OF DEATH				here deceased lived. If institution	n: Residence before admission)
Washing	rton	MARYLAND	Marvlan	d Washing	rton
b. CITY OR TOWN (If	outside carporate limits, wri	te c LENGTH OF STAY IN 16		autside carparate límits, write RU	
Hagersto		4 Days	Hagers	town	
OR INSTITUTION	AL (If not in hospital give struct Hospital	reet address)	d. STREET ADDRESS		e IS RESIDENCE ON A FARM? YES NO D
				T	
NAME OF DECEASED (Type or print)	HARRY	BACKER Middle	WARNER ST	DEATH Augus	t 8 1960 19
s. SEX	6. COLOR OR RACE 7 M	ARRIED NEVER MARRIED	B. DATE OF BIRTH		Months Days Hours Min
Male	White WIDE	OWED TO DIVORCED	March 14 1	890 70 yrs	Albertalis Delys Hours Mill
On. USUAL OCCUPATIO	N (Give kind of work done I	10b. KIND OF BUSINESS OR IND	USTRY 11 BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY
Adcounts		Retired	uagersto	wn Wash Co M	d. USA
3. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
James 1	B. Warner		Susan	Davis	
		16. SOCIAL SECURITY NO 17.	INFORMANT	Addre	
No	Tyes, give wor or ordies or service)	214-09-7260 H	larry B. War	ner Jr 423 St	ummit Ave
18. CAUSE OF DEA	TH [Enter only one cause po		Hager	stown Md.	INTERVAL BETWEEN
PART I. DEA	TH WAS CAUSED BY:	C. 1. 0	Mala	10 -	ONSET AND DEATH
and buffer to	X DUE TO	/	17 - 1111	7	,
Conditions, if or	w which i A	HUBERTON	. Ca di Va	er deseas	o Huss
gave rise to in	n mediote	1 The Court of	Careco 100	20.	
cause (a), stating t	ne <u>Under:</u>	/'			
	FR SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BE	JT NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIVE	N IN PART 1(a) 19, WAS AUTOPSY
	an argentia en constitu	rio commissione respectivo	or thos nearless to the tent	THE PLANTAGE GOTTON SOLITON	PERFORMED?
PART II. OTH  PART II. OTH  OR CONTRIBUTING  (IF EITHER, NOTIFY)	E LINDEDIVING TI TOO	DESCRIBE HOW INJURY OCCUR	PED /Feter pature of injury in	Part Lor Part II of item 18 )	YES NO
OR CONTRIBUTING	CAUSE OF DEATH	DESCRIBE HOW HAIDNI OCCUR	LED. (Eliser notice of supery to	TOTAL TOTAL TOTAL	
		1 11 11 11 11 11 11 11 11 11 11 11 11 1	NACE OF INDIGNATION CO.	nos telle e le	200 4 3
7 20c TIME OF INJURY Have a. m. p. m.	w	hile Nat while	PLACE OF INJURY (Hame, farm factory, street, office bldg., etc	m,   20f. (City or town) c.)	(Caunty) (Ştate
p. m.	19 at	wark at work	<u> </u>		
21 I certify tha	t (I) (this haspital) att	ended the deceased fram	fare 1 18	30, to City 5	, 19(c), that (1) (we) las
saw the deceas	ed alive an Cic	-4.8_19 (cc) and that	death accurred all A	M, from the causes and	I an the date stated above
22a. SIGNATURE	0 0 0	7			225 DATE SIGNE
La	reck! 4	orrund	M D PHYS B	AED STAFF PHYS. []	8-9-(00
22c PHYSIC AN'S NAME (Type)	Robert	P. Conrad	22d. ADDRESS	erstown	7770/.
23a BUR AL, CREMATIO	N, 23b DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d LOCATION (City, town, or	caunty) (State)
REMOVAL (Specify)	8/11/60	Rose will	Cemetery	Hagerstown	
24 FUNERAL DIRECTOR'S	5 SIGNATURE	ADDRESS		D BY REGISTRAR 256 REGIST	TRAR'S SIGNATURE
andrew	K Coffman	Hagrarotown Me		11 d 15 10 A	11.00 P H

TO HOSP OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 in a after death. Page 4 may be Asset by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has men signed by the attending physician and campletely filled an ay the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filed with the State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/59



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	1.	PLACE OF DEATH	shington		MAR	RYLAND	2. USUAL RESID a. STATE	ence (W		d lived, If institu b. COUNT	v	ice before o	
		b CITY OR TOWN (If RURAL and give nec	outside corporate limits	s, write c. L	Life	Y IN 16	c. CITY OR TO	DWN (If		rate limits, write		<u> </u>	
1		d. NAME OF HOSPITA OR INSTITUTION Wash	ington Cour	ty Hos	pital		d. STREET AD		Voodpo:	int Ave.			S RESIDENCE ON A FARM? 'ES NO TO
		NAME OF DECEASED (Type or print)	Firs MARK	ł	ELWO		lost WILH	IDE	4. DATE OF DEATH		ust	24	Year 19 60
	5. \$	sex Ma <b>le</b>	**** * 1	7. MARRIED [	NEVER MARK	ALC: NO.	DATE OF BIRTH August 2		60	9. AGE (In year last birthday yr	Months		UNDER 24 HRS.
1		during most of works Infan  FATHER'S NAME	<u> </u>		None None	OR INDUST	Hay	gerst	OWN MO	d.	12. CIT	USA	HAT COUNTRY?
-			d Elwood Wi IN U. S. ARMED FORCE If yes, give wor or dates of se	ES? 16. SOC	IAL SECURITY N		Gail CRMANT		220 W		dress	Jacone	rt awa 168
		PART I. DEAT	mediate (	R	(a), (b), and (c	1	j au	<del>-</del> •	etus			LINTERV	AL BETWEEN AND DEATH
».)	CERTIFICATION	multiple (	CAUSE OF DEATH	til	DIA HOW INJURY	an	(Enter nature of				IVEN IN PAR		WAS AUTOPSY PERFORMED? ES 11 HO
	MEDICAL	20c. TIME OF INJURY Hour a.m. p. m.	- 1	r 20d. INJUR While at work	Y OCCURRED  Nat while at work	facto	CE OF INJURY (H Iry, street, affice NONE	lome, farr bldg., el	n, 20f. (Cit)	or town)	(	County)	(State)
		21 I certify that saw the decease 22a SIGNATURE 22c PHYSIC AN'S NAME (Type)	of (1) (this hospital) and alive an	Aug. 2	319_69an	d that de	Aug. 23 ath accurred  ATTENDING PHYS  22d. ADDRE: 302	a6:3	OR, from	Aug. 24 the causes of staff Phys  Street	and on the	e date si 8-25-	226 DATE SIGNED
* *	230	BURIAL, CREMAT OF REMOVAL (Specify) Burial	N, 236, DATE THEREO 8/25/60		Rest ]		CREMATORY Cemeter	7		TION (City, town		Md.	(State)
đ	_	funeral director's Rest Haven	signature Funeral Ch	apel	ADDRESS Hager	rstown		25a REC DATE	D BY REGIS	TRAR 256. RE	GISTRAR'S SI		

When, a. Howk

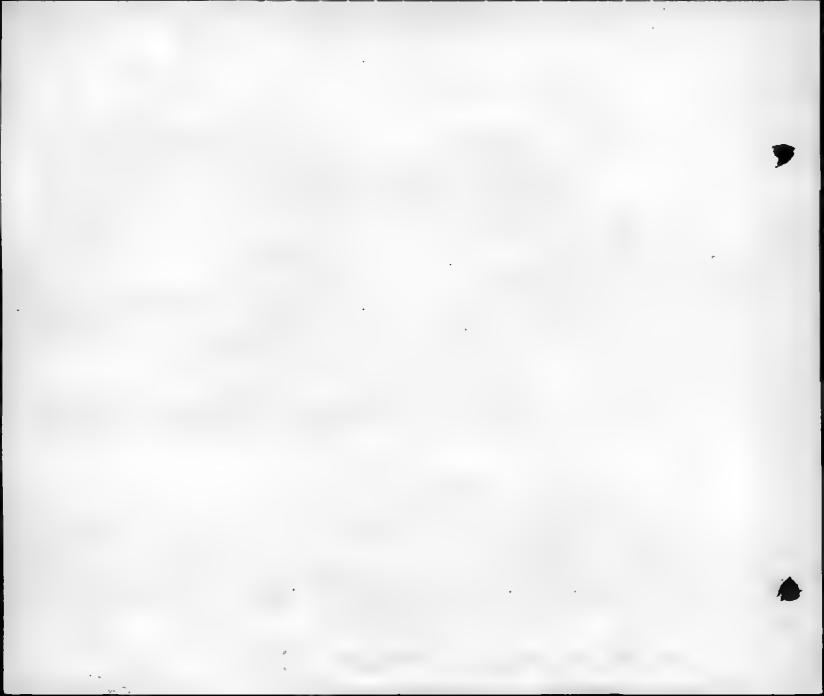
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ofter death. Poge 4

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 h

TO HOSPITE OF ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 Pm by be do by the haspital or attending physician.

TO FUNERAL INRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 8 stole Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	/	
TO HOSPI OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 brigs after death. Page 4	may be the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director.  To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director.  To FUNERAL DIRECTOR: After this certificate has been signed by the attending to the filled with the state of the attending containing the print of the p	M)
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after c	the fu should	0
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ed wif	pletely ers. Po	
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ENDIN	he has R: Aft tached	
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0	AL DI hauld	1
HOSPI	may be *p. wheel by the haspital ar attending physician.  2 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages the State Roard of Health prior to burial, cremation ar removal, and in any event within 72 hears-after death.	ñ
0	5 9	10
VR 15	A15 (4) M 9/59	V

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1. PLACE OF DEATH o. COUNTY Washington MARYLAN				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Washington							
7			c. LENGTH OF STAY IN 16	c. CITY O	c. CITY OR TOWN (If outside corporate limits, write RURAL and give						
	OR INSTITUTION	AL (If not in hospital, gi			d. STREET	ADDRESS Hami	lton B	oulevard		10	RESIDENCE N A FARM?
3.	NAME OF DECEASED (Type or print)	NETTIE	ł	Middle BARBARA	WOLF	E E	4. DATE OF DEATH	Augus:		Day 9	Yeor 1960
100	Female	6. COLOR OR RACE White	7. MARR WIDOWE	D DIVORCED	March 6		9.	AGE (In years lost birthday) 91 yrs.	Manths D	YEAR IF Ut ays Hou	
	Retired Cl	ing life, even if retired)		PLACE (State o				NOF WHA	AT COUNTRY		
13	B. FATHER'S NAME					'S MAIDEN N					
		d Wolfe				hael H	awthorn				
15	(s. WAS DECEASED EVER	IN U. S. ARMED FORC	4 -		informant Irs. Carl	otta K	eller	Hagerst		ld.	
7	Canditions, if argave rise ta in cause (a), stating lying cause last.	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Canditions, if any, which gave rise to immediate cause (a), stating the under-  DUE TO  DUE TO  DUE TO									BETWEEN ND DEATH
FICATION	3 YES									REORMED?	
L CERTIFI		S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE50	TRIBE HOW INJURY OCCUR	RED. (Enter nature	of injury in P	art I ar Part I	of item 18.)			
MEDICAL	20c. TIME OF INJURY Hour a.m. p. m.	10									
21. I certify that (I) (this hospital) attended the deceased from 9 = 9						ed above					
	22c. PHYSICIAN'S	lon M-	- 6	Julty	M.D. PHYS.	DIR	D. RECTOR 🗆	STAFF PHYS.			SIGNE
	NAME (Type)	alton M.	Wel	ty. M.D.	998	Potom	ac Av	e. Has	zerst	own	Md
23	Burial, CREMATION	N, 23b, DATE THEREO	F	23c. NAME OF CEMETERY	OR CREMATORY		23d. LOCATIO	ON (City, town, a		(5	State)
24	Burial	8/11/196		ADDRESS	emetery	250 DEC'T	Hage 1	rstown.	TRAR'S SIGN	Mary]	and
	Suter - 10	uzer Funera	I Ho	me Hagerstown	. Md.		^ 11 '60		thur 2.	Kines	

gen under Ben year was a man no man no man no man provident netter att 1 10 1 - 102m The second of th office lifts THE PROPERTY OF THE PARTY OF TH harters and another than the second second second second The second section and family second a file

9726 MEDICAL EXAMINEDIS CERTIFICATION 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH TO DEALTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please executed certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fur director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained far you filles.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar priar to burial-referention. or remayal. VS. A15ME(5)

5M 9/55

1 CEII   FI	13162/1 9-13-00 et Reg. Dist. No.
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)
Washington MARYL	AND STATE Maryland b. COUNTY Washington
b. CITY OR TOWN (It autside corporate limits, write RURAL and give nearest town)	N lb . CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)
Hancock Maryland 5 cYrs.	X Hancock Maryland
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
Home	YES NO I
3. NAME OF First Middle DECEASED	Last 4. DATE Manth Day Year
(Type or print) Franklin Stuart	
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	last bythdoy) Months Days Hours Min.
M WIDOWED DIVORCED	15.19.1907   53 yrs.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR It during most of working life, even if retired)	NDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
School Teacher	Narragansett R.I. U.S.A.
13. FATHER'S NAME	14, MOTHER'S MAIDEN NAME
George W Wood	Delia Schmidt
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) 1 (If yes, give wor or dates of service)	17. INFORMANT Address
Yes   War War 11	Joseph Wood 116 Moore St. Prinston N.J
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
MART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)	rosclerosis, Severe Recent
DUE TO	
Conditions, if any, which are the Coronary Thro	mbosis
(o), stoting the underlying DUE TO	
couse lost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
Y .	YES NO
CAUSE OF DEATH.	RED. (Enter nature of injury in Part I or Part II of item 18.)
	e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote)
Hour e, m, the While Not while p, m, the at work the at work the	fectory, street, affice bldg., etc.)
21. I certify that I took charge of the remains described	above, held on Autopsy 🔀, Inspection 🔝 Inquiry 🗀, and find that
death resulted from: Notural couses (7), Accident (7),	Suicide , Homicide , Undetermined couse .
0000	
SIGNATURE DE EUX DESCOTO	A.D. CHIEF MEDICAL EXAMINER [
	ASSISTANT MEDICAL EXAMINER
EXAMINER'S NAME (Type) Dr. E. W. Ditto. Jr.	DEPUTY MEDICAL EXAMINER 7 9-2-60
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETER	RY OR CREMATORY 22d. LOCATION (City, town, or county) (State)
Burial 9.7.60 Arlington	National VA Arlington VA.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Stourced of elecul Homese	Q mal DATE SEP 7 '60 arily S. Thank

And the Color of t THE PERSON NAMED IN